

LEWISVILLE WATER'S EDGE CONDOMINIUM OWNERS ASSOCIATION, INC.  
c/o Essex Association Management, L.P.  
1512 Crescent Drive, Suite 112  
Carrollton, Texas 75006  
Office: (972) 428-2030

**REQUEST FOR RENTAL OF UNIT \_\_\_\_\_ : NEW TENANT INFORMATION**

This form to be used to submit your request to the Association's Manager, Cinnamon Anderson, at [canderson@essexhoa.com](mailto:canderson@essexhoa.com) when an Owner desires to rent or lease his/her unit. This application must be submitted and approved prior to renting or leasing out your unit and prior to renewing a lease with an existing tenant.

House (Unit) Address: \_\_\_\_\_

Date Tenant will begin occupying Unit: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

Start Lease Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

End Lease Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

(Please attach this form to a copy of the lease and return to [canderson@essexhoa.com](mailto:canderson@essexhoa.com))

Name of Owner of Home: \_\_\_\_\_

Offsite Address of Owner: \_\_\_\_\_

Owner's Phone No: Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Insurance on Home:

Company Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Renter's Insurance:

Company Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Full Names of Adult Tenants:

\_\_\_\_\_, \_\_\_\_\_

Names of other Occupants:

\_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_.

Tenants Phone Numbers: Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Tenants Phone Numbers: Cell: \_\_\_\_\_ Other: \_\_\_\_\_

LEWISVILLE WATER'S EDGE CONDOMINIUM OWNERS ASSOCIATION, INC.  
c/o Essex Association Management, L.P.  
1512 Crescent Drive, Suite 112  
Carrollton, Texas 75006  
Office: (972) 428-2030

List of Any Pets: \_\_\_\_\_ (type of pet) \_\_\_\_\_  
\_\_\_\_\_ (type of pet) \_\_\_\_\_

Tenants Vehicles to be parked on premises:

Type \_\_\_\_\_, Plate No: \_\_\_\_\_ Color: \_\_\_\_\_  
Type \_\_\_\_\_, Plate No: \_\_\_\_\_ Color: \_\_\_\_\_

**Owner(s):** Did you issue the following:

Copy of the Lewisville Water's Edge CCR's and Rules and Regulations? \_\_\_\_\_ Date  
provided \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_.

Copy of: The Bylaws? \_\_\_\_\_ Date Provided \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_ .

.....

Date received by Agent: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

Was a copy of the lease provided? \_\_\_\_\_

.....

All information is confidential. Complete all fields. Failure to provide all the information requested will result in an automatic denial of your request to lease. Thank you.