**St. Timothy’s Episcopal Church**

**900 Calhoun Street**

**Columbia, SC 29201**

**sainttimothyscolumbia.com**

**803-765-1519**

**The Rev. Alice Marie Mills, Priest-in-Charge**

**PARKING TENANT APPLICATION**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete this form and a completed signed Agreement, and return with the first month’s payment.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I would like to pay (check one): \_\_\_ monthly \_\_\_ quarterly \_\_\_ bi-annually**

**You may pay rent online through a Paypal link on our website:** [**sainttimothyscolumbia.com**](http://www.sainttimothyscolumbia.com/)

**Car Information**

|  |  |  |
| --- | --- | --- |
| **Make & Model** | **Color** | **License Plate #** |
|  |  |  |
|  |  |  |
|  |  |  |

**The cost to rent per space is $50.00 per month. Payment is due on the 1st of each month. You will be assigned a space upon receipt of your signed Rental Agreement.**

**Thank you for your patronage.**

**Angie Eanes**

**Parish Administrator**

**(803) 765-1519**

**PARKING SPACE RENTAL AGREEMENT**

1. **The Parties**. This agreement dated on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ by and between St Timothy’s Episcopal Church (‘Lessor’) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with a mailing address of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (‘Lessee’) for a parking space located at: Lincoln Street Parking Lot of 900 Calhoun St., Columbia, SC 29201.
2. **Term**. The term of this agreement shall begin on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ and continue:

[ ] - for six months and; thereafter, on a month to month basis. Termination may be made by either party with at least 30 days’ written notice. All notices shall be sent to the parties’ information in Section I.

1. **Rent**. The rental payment shall be due on the 1st day of every month in the amount of Fifty dollars ($50). Payment shall be delivered to the Lessor by the Lessee in the following manner: monthly, quarterly, or bi-annually by check or online through a Paypal link found at:[**sainttimothyscolumbia.com**](http://www.sainttimothyscolumbia.com/)
2. **Subletting**. The Lessee is not allowed to sublease (sublet) the space without the direct written consent from the Lessor.
3. **Current Registration & Insurance**. Lessee may only use the space for vehicles that are up-to-date with all State and local registration. In addition, all vehicles must maintain current with insurance that is legal under the State of registration.
4. **Maintenance**. Lessee is required to keep the vehicle in good repair and free of hazardous leaks of oils or liquids. No repairs of any type are allowed on the parking space and, if needed, must be towed to a location that allows such activities.
5. **Use of Space & Damage**. The use of the space may only be for the parking of a vehicle that is owned/leased by the Lessee. No storage of personal property may be allowed in the space. Lessor is not liable for any damage done to the vehicle or personal property in it. All liability to the vehicle and personal property will be responsibility of the Lessee. Lessor will have no liability for any loss or damage to Lessee’s property.
6. **Governing Law**. This agreement shall be governed under the laws in the State of South Carolina.

This agreement was signed on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

 BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name:

Accepted:

St Timothy’s Episcopal Church

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 Date

Assigned Space Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_