



Oceanique Oceanfront Condominium Association, Inc.

Application to Lease a Unit

This Application is required for all unit leases and lease renewals. The Unit Owner shall deliver this Application Form to the Tenant and Tenant shall deliver the completed Form to the Management Company. No lease of a unit or tenant occupancy of a unit shall occur before the Board of Directors approves this Application. The Board of Directors requires 10 calendar days to process this Application.

ALL OWNER MAINTENANCE FEES AND ASSESSMENTS MUST BE CURRENT BEFORE ANY APPLICATION WILL BE CONSIDERED.

The application must be completed in full and submitted with the following documents:

1. A fully executed copy of the Florida Multi-Family Condominium Lease Agreement with original signatures.
2. A Fully Executed copy of the Oceanique Lease Addendum with original signatures.
3. A Non-refundable \$100.00 application fee per adult 18 yrs or older must be paid by check to Oceanique Oceanfront Condominium Association, Inc.
4. A legible color copy of a Government Issued ID for all persons 18 years of age and older.

The application must be submitted with original signatures and delivered or mailed with all enclosures to the Elliott Merrill Community Management, 835 20th Place, Vero Beach, FL 32960; Telephone 772-569-9853. Email or facsimile Applications will not be accepted. The 10-day processing period begins when the application has been received complete.

Owner Information:

Owner Name: _____

Building and Unit Number: _____ Garage Number(s) _____

Permanent Address: _____

Telephone Number: Home: _____ Office: _____ Cell: _____

Expected Tenant Occupancy Date: _____

Tenant Information:

Tenant Primary Contact Name: _____ Phone: _____

Mark if Tenant Will Occupy the Unit Full Time: _____ or Part Time: _____

If Part Time, How Many Months per Year Will Tenant Occupy the Unit: _____



Oceanique Oceanfront Condominium Association, Inc. Application to Lease a Unit

Oceanique Oceanfront Condominium Association, Inc. is a private condominium property consisting of single family residential units. The only acceptable lease document is the Florida Multi-Family Condominium Lease Agreement. The Agreement must reference and be submitted with the Oceanique Lease Addendum.

The minimum rental period is 90 days, and no second lease will be considered until the end of the current 90-day lease. All persons who occupy the unit must be disclosed by name, age and relationship; and all persons 18 years of age and older must submit to a background check. Criminal and negative character information disclosed in the background checks may be grounds to reject this Application.

Both the Owner and the Tenant make this application jointly and represent that the information provided in this application is true to the best of their knowledge.

FALSE INFORMATION: Any Lease Application or Lease Contract containing false information is grounds for rejection. If false information is discovered after unit is leased, the lease contract will be terminated, and the Tenant will be required to vacate the Property in three days. Any Owner who leases a unit without a Board of Directors approved Application and a Florida Multi-Family Condominium Lease Agreement with Oceanique Lease Addendum may be subject to a fine of \$100 per day up to a maximum of \$1,000 for each day the unit is occupied without an approved Application and fully executed lease with Oceanique Addendum.

Tenant(s) Current Address: _____

Names, ages, and relationships of all persons who will occupy the Unit:

Person #1: _____

Person #2: _____

Person #3: _____

Person #4: _____

Person #5: _____

Person #6: _____

Driver's License Number/State Person #1: _____

Driver's License Number/State Person #2: _____

Driver's License Number/State Person #3: _____

Driver's License Number/State Person #4: _____

Driver's License Number/State Person #5: _____

Driver's License Number/State Person #6: _____



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AUTHORIZATION FOR FILE DISCLOSURE

PLEASE ATTACH DRIVER'S LICENSE OR PHOTO ID TO THIS FORM

APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase an apartment. I further understand if I lease/purchase an apartment, I consent to allow Verify Screening Solution, Inc. and its designated agent/employee, for the duration of my lease, to review the following list of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent or misleading information on an application may be grounds for denial of residency or subsequent eviction. Results will be provided to

X _____
Signature Date

Full Name - First, Middle, and Last Name (Please Print)

Home Address (Unit # if applicable) APPLICANTS CONTACT #(REQUIRED)

CITY STATE ZIP

Social Security Number Date of Birth Driver's License Number and **State Issued**