## ALTAMIRA CONDOMINIUM ASSOCIATION, INC. APPLICATION FOR APPROVAL FOR SALE/LEASE

This Application For Approval of Sale/Lease must be accompanied by a properly executed Lease or Sales Agreement and a non-refundable \$50 Application Fee that includes one (1) background check for one (1) adult and \$25 for each additional adult listed on the sale/lease agreement. All sales/leases are conditioned upon approval by the Board of Directors of the Altamira Condominium Association, Inc. No lease can be less than sixty (60) days.

	SALE	LEASE			
UNIT #:		LEASE PERIOD: CLOSING DATE:			
PRESENT (	OWNER				
Name(s) of p	persons BUYING/RENTING the un	nit:			
	Present Address:				
Phone Num	bers: (H	)(O)	(C)		
E-Mail Add	lress:				
Names of fa	amily members who will reside	in the unit or guests and their dates of	stay:		
		Dates of Stay			
		Dates of Stay			
		Dates of Stay			
VEHICLE trucks, moto Passenger a park on con describe the	will be permitted and shall be porcycles or recreational vehicles utomobiles that are unsightly, judominium property. Guests may applicant's vehicle(s) that may	PEHICLES (CAR OR VAN) USED a parked in the garage # provides (campers, motor homes, boats, etc.) a unkers, or not mechanically operable very park outside in front or side of either be parked in the condominium parking State /Lic.No	ed. <b>NO</b> commercial re permitted. vill not be permitted to building. Please g lot:		
		State /Lic.No.			

Owners who rent their units must deposit with our management company, one month's lease payment or \$3,500.00 (whichever amount is greater) for the security deposit of common area.

Pets: Each Unit Owner (regardless of the number of joint owners) may maintain (1) household pet in his Unit, to be limited to a dog or cat weighing not more the 35 lbs. at maturity. By signing below, I agree to abide by the rule regarding pets.

## TENANTS AND GUESTS ARE NOT PERMITTED TO HAVE PETS

·	at have three)	
Name	Address	Ph. No.
Name	Address	Ph. No.
Name	Address	Ph. No.
nconditionally agree UILDING RULES	d Applicant(s) do hereby certify tha e to abide by the ON SITE REGULA OF THE ALTAMIRA CONDOMIN HE RULES AND REGULATIONS A	ATIONS AND GROUND AND IUM ASSOCIATION. <u>PLEASE INITIA</u>
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AME AND ADDRI HE CERTIFICATE ( PPROVAL: NIT OWNER(S):	ESS OF CLOSING AGENT, ATTOI OF APPROVAL AND STATEMENT	RNEY OR TITLE COMPANY TO WHICH OF ASSESSMENT IS TO BE SENT.  Date:

ALTAMIRA CONDOMINIUM ASSOIATION c/o Elliott Merrill Community Management 835 20<sup>th</sup> Place Vero Beach, FL 32960

## Altamira Condominium Association, Inc.

## DISCLOSURE APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION.

I hereby authorize the Altamira Condominium Association, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for residency purposes.

I understand that the scope of the consumer report/investigative report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history; character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I hereby expressly release the Altamira Condominium Association, Inc. and its designated agent, Elliott Merrill Community Management and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, will not hold Elliott Merrill Community Management for any breech in confidentially that may occur once the information is conveyed to the Board of Directors of Altamira Condominium Association Inc.

Applicant Signature	Date		
Co-Applicant Signature	Date		
**********	***************		
CONFIDENTIAL INFORMATION NOT OPEN FOR INSPECTION AS OFF	ICIAL RECORDS OF THE ASSOCIATION		
Applicant Last Name (Maiden Name)	Applicant First Name		
Co-Applicant Last Name (Maiden Name)	Co-Applicant First Name		
Applicant SS# Co Applicant SS#			
Applicant Date of Birth:	Co-Applicant Date of Birth:		
Applicant Driver License # /ST Co-Application Driver License #/ST or government issued ID or government issued ID			

MUST ATTACH A COPY OF GOVERNMENT ISSUED IDENTIFICATION

PLEASE SUBMIT COMPLETED APPLICATION TO: Altamira Condominium Association, Inc. C/O Elliott Merrill Community Management 835 20<sup>th</sup> Place, Vero Beach, FL 32960