

CALEDON SHORES CONDOMINIUM ASSOCIATION
C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT
835 20th Place
VERO BEACH, FL 32960
772-569-9853

APPLICATION TO RENT

This application is submitted for consideration for rental of an apartment at Caledon Shores. I (we) understand that the Board of Directors has thirty (30) days for a decision on the approval of this application after it is in receipt of the proper authority. I consent that Caledon's representative may take inquiry of myself and my family about the information and reference given here. No lease shall be approved under 60 days duration.

I (we) affirm that I (we) have read and agree to abide by the current Rules & Regulations and further agree to abide by other rules concerning the use of facilities as listed or shall become posted.

A properly executed Lease and a \$50.00 Application Fee must accompany this Application For Approval of Lease. **Caledon Shores also requires a \$300.00 refundable security deposit, which will be placed in a non-interest bearing account with Caledon Shores Condominium Association upon submission of this application. The deposit does not supersede a security deposit required by the apartment owner. The deposit will be refunded within 30 days after the termination of the lease, and notification by the renter to the Management Company, providing the lessee has not damaged common elements.**

Apartment Number: _____
Rental Period: _____ to _____.
Applicant's Name: _____ Age: _____
Spouse's Name: _____ Age: _____
Home Address: _____
Home Phone: _____
E-Mail(s): _____
In case of emergency, please notify: _____ Phone: _____

Applicant's Business Affiliation:

Name of Business: _____
Position: _____
Business Address: _____

Names of all other people that will reside with you in this apartment:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

IT IS THE RESPONSIBILITY OF THE RENTER TO CONTACT THE MGMT COMPANY FOR THE RETURN OF THE SECURITY DEPOSIT.

Please list three (3) references. Include Name, Address, and Phone Number. Also, please include one credit reference and indicate same.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Please give Name, Address, and Phone Number of Last Rental Apartment.

Name of Owner or Complex: _____
Date Rented: _____
Address: _____
Phone Number: _____
Amount of Rent Paid: _____

Only cars will be permitted and shall be allowed to park in assigned Condominium property. Describe all motor vehicles applicant intends to park on Caledon Shores Property.

Year: _____ Make: _____ Model: _____
License Number: _____ State: _____

Year: _____ Make: _____ Model: _____
License Number: _____ State: _____

Each apartment will be occupied only as a single-family private dwelling. Caledon Shores is a dignified residential Condominium and will not authorize subletting, nor may other people stay in the apartment without prior approval from the Association.

Signature of Applicant: _____ Date: _____
Signature of Applicant: _____ Date: _____

Name of Real Estate Company: _____ Phone Number: _____

Approved by: _____ Date Approved: _____

Caledon Shores Condominium Association, Inc. will within thirty (30) days of the date received by Elliott Merrill Management, will advise the applicant or Realtor whether or not the applicant has been approved by as a lessee(s).