

THE GALLEONS' ASSOCIATION, INC

c/o Elliott Merrill Community Management
835 20th Street
Vero Beach, FL 32960
(772) 569-9853 – Office (772) 569-4300 - Fax
Elliottmerrill.com

APPLICATION FOR RENTAL/LEASE

Owner: _____ Bldg. No. _____ Apt. No. _____

Term of Rental/Lease: From _____ To _____
Minimum of 60 days rental period

Name of
Applicant: _____

Name of
Applicant: _____

Current Street
Address: _____ City _____ State _____

Zip Code: _____ Phone: _____

Email Address: _____

Other Occupants:

1. _____

2. _____

Present Occupation: _____

Business Address & Phone: _____

If retired, former occupation: _____

Applicants Club Affiliations – past & present _____

Colleges Attended:

Applicant _____

Applicant _____

Social References: including phone #

1. _____

2. _____

Business &/or Bank References:

- 1. _____
- 2. _____

The Association is authorized to contact any of the above in reference to this application.

The owner(s) and applicant(s) understand and agree that the only persons who may occupy the unit are those persons whose names appear hereon as applicant and members of the applicant's family, and that the violation of this covenant shall grant to the Association the right to have all other persons residing in said unit immediately evicted and that the owner(s) as well as the applicant(s) do hereby agree to pay or reimburse the Association for all costs and expenses (including attorney fees) incurred by the Association as a result of the violation of this covenant and that this stipulation is a condition of approval of the applicants if same are approved.

Both the owner(s) and applicant(s) agree that both will abide by the terms, conditions and provisions of the Declaration of Condominium, the Articles of Incorporation, the Bylaws and the Rules and Regulations of The Galleons Association, Inc.

I/We have received and read the Rules and Regulations for The Galleons Association, Inc.

Signed _____	Date _____
Applicant	
_____	Date _____
Applicant	
Signed _____	Date _____
Owner	

Fee due with Primary Application by owner: \$100 (check payable to The Galleons Association, Inc.) Please include a copy of the Lease Agreement. (60 days minimum)

Completed Application received on: _____

Approved by: _____ Title _____

Date of Board or Committee Meeting: _____

Initial **I have read and reviewed the attached Rules and Regulations set forth by The Galleons Board of Directors.**

NOTE: Only in-house cats are allowed with Board approval