



c/o Elliott Merrill Community Management
835 20th Place, Vero Beach, FL 32960
Ph: (772) 569-9853; Fax: (772) 569-4300

APPLICATION TO LEASE

DATE: ___/___/___ Lease Term: _____
VILLA OR APT. # _____ Owner of Record: _____

Realtor: _____ Realtor's Phone: _____ Realtor's Email: _____

- 1. Application is hereby made of the lease of the unit noted above. (Apartments may be leased for a minimum of 60 days provided occupancy is to be only by the lessee, his/her family and guests. Maximum number of rentals per unit are twice yearly). This application must be completely filled out and signed by Prospective Lessee and Owner of apartment or villa.
2. Following provision in the Florida Condominium Statutes, Ocean Towers of Vero Beach Inc., is registered as a 55 and older community.
3. It is understood that if approved, I (we) have read and will abide by the Rules and Regulations of the Association as presently constituted, or may be amended.
4. All applications are subject to approval of the Board of Directors of Ocean Towers of Vero Beach, Inc. (herein referred to as Association) after investigation and a personal interview to which I (we) agree. Attendance at interview is limited to Applicant(s) and Directors. This is also an authorization to the Association to make or have made any inquiries they deem necessary to complete the purpose of this application and they agree that all information secured will be considered confidential.
5. It is understood that "No individual under eighteen (18) years of age shall be permitted to occupy or reside in any condominium apartment, except that such an individual may visit and temporarily occupy and reside in an apartment for a period not exceeding thirty (30) days in any calendar year, which thirty (30) day period of time shall not be cumulative."
6. It is understood that NO PETS are permitted.
7. Ocean Towers is a non-smoking property. Smoking is prohibited on the walkways and in ALL common areas.
8. This form must be completed by the prospective lessee and then submitted along with:
a). Executed copy of the lease agreement
b). A non-refundable application fee of \$100.00 made payable to "Ocean Towers."
c). A copy of the lessee(s) Driver's License and completed Residence Verification Form.

This information and fee must be submitted to Ocean Towers of Vero Beach, Inc. Board of Directors at least fourteen (14) days prior to the effective date of the lease.



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Name: Spouse:

Address: Phone: (s)

City & State: Zip: How Long at current address?

Is this a (circle one): House OR Apartment OR Condo Are you the owner (circle one): Yes OR No

If at the above address for less than (5) years, please list previous addresses:

From: To:
From: To:

If retired, how long? Latest Business Affiliation How Long?

If still employed, your position

Give names and relationship to lessee of other persons who will occupy the unit:

List names of friends and/or relatives, if any, owning at Ocean Towers of Vero Beach, Inc.:

Describe motor vehicles owned by you that will be parked overnight in the condominium parking area. Recreational, commercial vehicles, motorcycles or mopeds may not be parked on the premises.

1. Year Make Model

2. Year Make Model

Please give two (2) personal references and one bank reference of at least five (5) years standing or attach such letters or references to this application. Exclude as references: Relatives, realtor or attorney associated in this transaction. Please include their address and telephone number.

Personal Reference 1. (Address) (Telephone Number)
2. (Address) (Telephone Number)



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Present Club 3. _____ (Address)
Church or Lodge _____ (Telephone Number)
Affiliations 4. _____ (Address)
_____ (Telephone Number)
Bank Reference 5. _____ (Address)
_____ (Telephone Number)

Any charges required to complete the investigation of this application will be paid by me (us) at time of the interview.

Since it's inception, Ocean Towers of Vero Beach, Inc.'s desire and intent has been to have in residence only such persons who in its discretion will form a well integrated, socially harmonious and compatible group of financially responsible people capable and willing to adjust to condominium living. To achieve and maintain that standard, I (we) agree that the approval of this application must be strictly discretionary with the Board of Directors.

The applicant(s) agree to hold harmless Ocean Towers of Vero Beach, Inc., its directors and all other persons furnishing or received information in connection with this application.

If approved as Lessee(s), I (we) do hereby agree to abide by all provisions of the Condominium Documents and the present and amended Rules and Regulations issued by the Board of Directors under authority granted to them.

Signature of Applicant(s): _____

Signature of Owner(s): _____

Signature of Directors: _____ Approved this date: _____



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RESIDENCE VERIFICATION FORM

The Board of Directors requests that all owners submit this form as required per Article 10.12 of the Declaration of Condominium of Ocean Towers of Vero Beach, Inc. Article 10.12 states "No individual under eighteen (18) years of age shall be permitted to occupy or reside in any condominium apartment, except that such an individual may visit and temporarily occupy and reside in an apartment for a period not exceeding thirty (30) days in any calendar year, which thirty (30) day period of time shall not be cumulative."

AGE VERIFICATION IS REQUIRED (i.e. Photo Id with Date of Birth).

Please fill out this form in its entirety and for each individual residing in the unit.

Owner's Names: _____ / _____

Ocean Towers Property Address: _____

Dates of Birth: _____ / _____

Proof of Age Document: _____ / _____
(Drivers License, Passport, other) (Drivers License, Passport, other)

If you are currently leasing your home, our office will need a copy of your tenant's proof of age to verify that persons residing in the unit are adults. Please have your tenant fill out the below section:

Tenant's Name: _____

Date of Birth: _____

Proof of Age Document: _____

Reminder: Please attach a copy of a photo ID as evidence of age. This form is to comply with the 55 and older residence designation as outlined in the Declaration of Condominium.

I certify that all information I have provided is true and accurate:

Signed: _____ Dated: _____

Signed: _____ Dated: _____