



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: _____



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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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I/We, the undersigned certify that we were provided current copies and have read the Association Articles of Incorporation, Declaration, Bylaws, and Rules and Regulations; and we agree to abide by all requirements. We also fully understand the Owner monetary fining policy described in the Rules and Regulations.

Signatures:

Unit Owner

Date

Unit Owner

Date

Tenant

Date

Tenant

Date

Owner Real Estate Agent/Firm Name

Signature

Tenant Real Estate Agent/Firm

Signature

Board of Directors Approved

Date

Printed Name: _____

Title or Position _____

Rejected by Board of Directors for Reasons: _____



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TENANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION.

I hereby authorize the Oceanique Oceanfront 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 Oceanique Oceanfront Condominium Association, Inc. and its designated agent, and any procurer or furnisher of information, from any liability whatsoever in the use; procurement, or furnishing such information.

Tenant Signature _____ Date _____

Co-Tenant Signature _____ Date _____

CONFIDENTIAL INFORMATION NOT OPEN FOR INSPECTION AS OFFICIAL RECORDS OF THE ASSOCIATION

All Persons 18 years or older shall provide the following information

Person #1 Last Name, First Name _____ Person #1 SSAN: _____ Person#1: Date of Birth _____
Person #1 Place of Birth: _____ Person #1 Government ID: _____

Person #2 Last Name, First Name _____ Person #2 SSAN: _____ Person#2: Date of Birth _____
Person #2 Place of Birth: _____ Person #2 Government ID: _____

Person #3 Last Name, First Name _____ Person #3 SSAN: _____ Person#3: Date of Birth _____
Person #3 Place of Birth: _____ Person #3 Government ID: _____

Person #4 Last Name, First Name _____ Person #4 SSAN: _____ Person#4: Date of Birth _____
Person #4 Place of Birth: _____ Person #4 Government ID: _____

Person #5 Last Name, First Name _____ Person #5 SSAN: _____ Person#5: Date of Birth _____
Person #5 Place of Birth: _____ Person #5 Government ID: _____

Person #6 Last Name, First Name _____ Person #6 SSAN: _____ Person#6: Date of Birth _____
Person #6 Place of Birth: _____ Person #6 Government ID: _____

Attach legible and aligned color copy of all Government Issue ID to the following pages two per page:



**Oceanique Oceanfront Condominium Association, Inc.
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Person #1 Government Issued Photo ID:

Person #2 Government Issued Photo ID:



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Person #3 Government Issued Photo ID:

Person #4 Government Issued Photo ID:



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Person #5 Government Issued Photo ID:

Person #6 Government Issued Photo ID: