

Sabal Reef Association, Inc.
c/o Elliott Merrill Community Management
835 20th Place
Vero Beach, FL 32960

Unit Number _____

Lease Dates _____ (Copy of lease agreement required)

APPLICATION FOR LEASE

This completed form is submitted for consideration of my intention to lease a unit at Sabal Reef Condominium. I represent the following information is complete and true. I consent that you may make inquiry of myself and my family about the information and references given here. I consent to meet with representatives of the Association prior to occupying the unit, if requested.

A copy of the fully executed lease made between the owner and lessee must be submitted with this application.

Unit Owners Name: _____

Applicant's Name: _____

Applicant's Spouse's name: _____

Home Address: _____

Applicant Numbers: Home- _____ Cell- _____

Email Address _____

Business Affiliation (If required, former business):

Name of Business: _____ Position _____

Address: _____

Name, address and phone number of two (2) social references. Please do not use relatives as references. Please list phone numbers where the person can be reached during normal working hours. Local references are preferred, please.

1. _____
Name Address Phone

2. _____
Name Address Phone

Sabal Reef Association, Inc.

Application for Lease (continued)

Names of all other people who will reside in the unit besides applicant and spouse listed on page one.

Name: _____

Name: _____

NOTE: Tenants are not permitted to have a pet.

If this application is approved, I (we) agree to abide by the rules and regulations and the Declaration of Condominium establishing Sabal Reef Condominium and Amendments. A complete copy of the condominium Rules has been provided to us by the owner or management company. We acknowledge that we have read the rules and accept the covenants they represent. We fully understand and acknowledge that pets are not permitted for any term of the lease.

All Lessee's must sign this application:

Applicant

Date

Co-Applicant

Date

***** Please submit photo ID with lease contract *****

Official Use: Do not Write Below This Line

Applicant's Name _____ Unit Number _____

The Board of Directors (Approves) (Disapproves) this application:

_____ Date _____

_____ Date _____

_____ Date _____

Background and Credit Report Authorization

The Fee is \$50.00 per applicant made payable to Sabal Reef.

Applicant: _____ **DOB:** _____

Applicant: Social Security # _____ **Driver's Lic.** _____

Phone #: _____ **E-Mail:** _____

Vehicle: Make: _____ **Model:** _____ **Year:** _____

Present Address _____

City, State, Zip Code: _____

Previous

Address: _____

City, State, Zip Code: _____

Employment History Applicant

Occupation: _____

Employer: _____

Business Address: _____

Employer's Phone: _____

Previous Employment Applicant

Occupation: _____

Employer: _____

Business Address: _____

Employer's Phone: _____

References (list 3)

1. Name _____

Address: _____

Phone: _____

Relationship: _____

2. Name: _____

Address: _____

Phone: _____

Relationship: _____

3. Name: _____

Address: _____

Phone: _____

Relationship: _____

Emergency Contact Information

Name: _____

Phone: _____

Address: _____

Relationship: _____

Have you ever been convicted of a felony? Applicant Yes _____ No _____

If yes, please explain: _____

Have you ever filed bankruptcy? Applicant Yes _____ No _____

If yes, please explain: _____

Have you ever been evicted from tenancy? Applicant Yes _____ No _____

If yes, when? _____ If yes, why? _____

I declare the foregoing to be true statements. I authorize Sabal Reef Condo Association and Elliott Merrill Community Management , their agent to do a credit report check and or check with my employer and the clerk of courts for past judgments or evictions and a criminal background check.

Applicant Signature: _____ Date: _____

Please attach photo ID for each applicant

Return application and check to:

Sabal Reef
c/o Elliott Merrill Community Management

835 20th Place

Vero Beach, FL 32960

Attn: Hannah Morrison