

Spindrift Condominium
Application to Lease or Purchase

This form must be completed by the prospective purchaser or lessee and be submitted by the owner, or the owner's agent, along with **(1) executed copy of the purchase or lease agreement, (2) a non-refundable application fee of \$100.00. This application fee pertains to new tenants only, as the fee is waived for repeat tenants. (3) Copy of the driver's license for each applicant, and (4) signed copy of the Rules and Regulations.** Please make check for application fee made payable to Spindrift Condominium Association and mail to Spindrift c/o Elliott Merrill Community Management, 835 20th Place, Vero Beach, Florida 32960.

Note: The above information and fee must be submitted to the Association's Board of Directors at least thirty (30) days prior to the effective date of the lease or closing date of the sale. Also, tenants must sign in upon arrival and register. The sign in clipboard is located by the elevator.

This is an application to ___ buy or ___ lease Condominium unit number _____
Owner of Unit: _____

Name of Applicant: _____

Name of Spouse: _____

Applicant's Current Address: *(Please give complete address)*

Applicant's Phone Number: _____

Names & Ages of Children that will reside in the unit listed above:

Total number of people that will reside in the unit: _____
(No more than six (6) persons may be in the residence at one time. Renters cannot, at any time, sublet or turn over use of the unit to others.)

Make/Model of Vehicle(s): _____
(There is only one vehicle allowed in the assigned space in the garage. A second vehicle must be parked in the parking lot.)

Note: Pets are not permitted! *Boats, campers, trailers, commercial vehicles, mopeds, motorcycles, or any other type of recreational vehicle cannot be parked anywhere on Spindrift property overnight. This applies to indoor parking spaces as well as outdoor parking spaces.*

If Leasing:
Duration of Proposed Lease: From _____ to _____
(Minimum rental period is 3 months effective 1/1/18.)

If Purchasing:
Will you live in the unit full time? _____
If not, what are the expected times of year for occupancy? _____

Name, Address, and Phone Number of Title Company/Attorney handling closing:

Phone No.: _____

The following is to be completed by both those leasing and those purchasing:

Personal References: (Please list two references and provide complete addresses and phone numbers.)

<i>Name</i>	<i>Address</i>	<i>Phone</i>
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<i>Name</i>	<i>Address</i>	<i>Phone</i>
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If applicable, Realtor handling transaction:

Name:

Phone:

I/we understand that the minimum requirements for residency, in addition to those stated in the Condominium Documents and/or rules and regulations of the Condominium are as follows: Only persons with no felony or other misdemeanor convictions are allowed to become residents without first obtaining written approval from the Board of Directors. I/we further understand that it is the responsibility of all "Applicant/Registrants" to secure such approval, as is applicable to themselves, prior to purchase, lease or occupancy.

I/We, the applicant(s), acknowledge that I/we have completely read and understand the Rules and Regulations of the Spindrift Condominium Association and that I/we will abide by these rules and regulations in their entirety if this application is accepted.

Signature of Applicant: _____
Date

Signature of Spouse: _____
Date

Association Use Only

Application Approved:

_____ Title: _____ Date: _____

Reason for Denial:

