

THE KENTUCKY CLUB CONDOMINIUM ASSOCIATION, INC  
c/o Elliott Merrill Community Management  
835 20<sup>th</sup> Place, Vero Beach, FL 32960  
Phone: 772-569-9853 Fax: 772-569-4300  
[loris@elliottmerrill.com](mailto:loris@elliottmerrill.com)

**APPLICATION FOR CONDOMINIUM  
RENTAL**

Please complete the following application and return it to Elliott Merrill Community Management at least 30 days prior to the beginning of the lease term. You should return this form via email to the person at the email address listed above, with a check made payable to The Kentucky Club in the amount of the \$ 150.00 Transfer Fee and a letter of introduction in a digital format. All leases shall be for a minimum of one (1) month and shall not be for a term longer than three (3) months. Leases may not be renewed without Board approval. With Board approval, the lease may be extended for one additional term. An owner may not lease a Unit for more than six (6) months during any calendar year.

Date of Application: \_\_\_\_\_ Unit Number: \_\_\_\_ Owner Name: \_\_\_\_\_

Lease Term: \_\_\_\_\_

Realtor Name & # (if Applicable) \_\_\_\_\_

Term of Lease \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Name(s) of all Tenants who will occupy unit: Phone Number(s): Email Address:  
\_\_\_\_\_  
\_\_\_\_\_

Tenants Current Address: \_\_\_\_\_

Vehicle Information: Make & Model: \_\_\_\_\_ Year: \_\_\_\_ License # & State: \_\_\_\_\_

**Emergency Contact Info:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Personal References:**

1.) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

I/We hereby acknowledge that I/We have received and read a copy of the Rules and Regulations of the Association and agree to abide by them. I understand NO PETS EXCEPT SERVICE ANIMALS AND EMOTIONAL SUPPORT ANINMALS ARE ALLOWED. I understand SUBLEASING IS NOT PERMITTED.

Applicant(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Kentucky Club Condominium Association, Inc.

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DISCLOSURE

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE  
OF INFORMATION.

I hereby authorize The Kentucky Club 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 Kentucky Club Condominium Association, Inc. and its designated agent, Elliott Merrill Community Management and any procurer or furnisher of information, from any liability what-so- ever in the use, procurement, or furnishing of such information, will not hold Elliott Merrill Community Management for any breach in confidentiality that may occur once the information is conveyed to the Board of Directors of Kentucky Club Condominium Association, Inc.

Applicant Signature \_\_\_\_\_ Date

\_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date

\_\_\_\_\_

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

Applicant Last Name (Maiden Name)

Applicant First Name

Applicant SS# \_\_\_\_\_ Applicant Date of Birth:

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Co-Applicant Last Name (Maiden Name)  
Name

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Co-Applicant First

Co Applicant SS# \_\_\_\_\_ Co-Applicant Date of Birth:

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Applicant Driver License # /ST  
or government issued ID \_\_\_\_\_

Co-Application Driver License # /ST  
or government issued ID

**MUST ATTACH A COPY OF GOVERNMENT ISSUED IDENTIFICATION**