

Please return to:
Elliott Merrill Mgmt.
835 20th Place
Vero Beach, FL
32960

THE RIVER MEWS ASSOCIATION, INC.

Unit#: _____

Owner: _____

Date: _____

APPLICATION TO LEASE

\$100 Application Fee Required (make check payable to The River Mews Association)

This completed form is submitted for consideration of my/our application to rent a unit at **The River Mews Association, Inc.** I/We represent that the following information is complete and true. I/We give consent for you to make inquiries about the personal information and references given here. I/We agree to meet with representatives of the Association prior to occupying the unit, if requested.

As required, a copy of the Contract For Lease made between the owner and me/us is attached.

Lessee's Name: _____

Spouse's Name: _____

Email: _____

Phone: _____ **Phone:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Lease Period From: _____ **to** _____

Lessee's Business Affiliation (if retired, former business):

Name of Business: _____

Position: _____

Address: _____

Emergency contact information: _____

Names and Addresses of two (2) Rental References. Local Rental references and addresses are preferred. Please list phone number where individuals can be reached during normal working hours:

1. _____ Phone _____

2. _____ Phone _____

Names of all other persons who will reside in the unit to be rented:

Name _____

Name _____

Name _____

Name _____

If this application is approved, I/We agree to abide by the rules and regulations and the Declaration of Condominium establishing The River Mews Association, Inc.

A complete copy of the Condominium Rules has been provided to me/us by the owner or agent. I/We acknowledge that I/We have read the rules and accept the covenant it represents.

I/We understand that the Board of Directors may take up to 15 days after receiving this application to complete action on this matter.

All Adult Residents Must Sign this Application.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

=====

Do Not Write Below This Line

=====

We the undersigned (Circle one) **Approve** **Disapprove** this application:

Director: _____ Date: _____

River Mews Annual Pet Registration and Initial Approval Application (Revised 4/1/2019)

Unit # _____

Date _____

If you, a renter, or guest of yours wish to have a household pet in your unit for more than a day, please complete the information requested on the application. Pets may be kept in units by owners and others (renters, guests, etc) only after permission in writing from the Board of Directors.

Pets—please identify cat, dog, other— with breed, description, and name of each.

I/we understand and agree the pets listed above will be restrained on a leash whenever on River Mews common property. Florida Statute §767.11(7)(31) states in part—

Restraint: A dog or cat shall be considered under restraint only if it is

a) Within the legal property boundaries of any other person with the express permission of that person, or

b) When outside of the foregoing real property boundaries, under the actual control, custody, or possession of the owner or other responsible person, by leash.

Attached I am providing a current copy of a rabies certificate for each pet listed above.

I/ we agree to comply with Florida law with regard to keeping each pet’s rabies vaccination status current unless exempted by the State Veterinarian.

I/ we agree to:

- 1) remove each pet’s excrement from the Common Property of the River Mews immediately
- 2) cleanup immediately any residual urine/excrement from walkways, roads, and driveways. I understand that this means disposal of my pet’s feces in the River Mews shrubbery is unacceptable.

I/we acknowledge that pets are not allowed inside the pool area and will not bring our pet(s) within the pool area.

I understand and accept that repeated failure to comply with the above rules will result in fines being levied.

owner/renter name (signature)

date

owner/renter name (print)

address

=====

Name of realty company representing buyer/lessor _____

Name of salesperson representing Seller _____

=====

DO NOT WRITE BELOW THIS LINE

=====

Date: _____

Applicant's name _____

Unit #/ address _____

We, the undersigned (circle one) APPROVE DISAPPROVE this application.

Director: _____ Date _____

Director: _____ Date _____