

VISIONS CONDOMINIUM ASSOCIATION

c/o Elliott Merrill Community Mngmt.

835 20thPlace

Vero Beach, FL 32960

LEASE APPROVAL APPLICATION

Application to lease Unit # _____ from (date) _____ to (date) _____.

Attach \$50.00 application fee with this lease Application payable to: Visions Condominium Association, along with a fully executed copy of the lease.

All lease applications must be on this form and must be signed by the lessee, and the unit owner or his authorized agent. Subletting by Tenants is not permitted. Lessees, and owners or their agents, who violate any conditions of this lease or of the Rules and Regulations of the Association will be subject to further appropriate action. The Board may take up to thirty days to approve or disapprove a lease application, so the application must arrive in the Office at least thirty days in advance of proposed occupancy. No prospective lessee may move in before all steps of the approval process have been completed. No lease shall be renewed without Board approval.

(I) (We) the undersigned furnish the following information for use of the Board of Directors of Visions Condominium Association, Inc., authorizing it to contact any or all references.

Applicant's Name(s) _____

Address _____
(Street) (City, State, Zip)

Telephone _____

Previous Address(s) if at present address less than two years

(Street) (Street)

(City, State, Zip) (City, State, Zip)

Number in Party _____ Number of Adults _____ Number of Children _____

Children and their ages _____

Others who would be in residence _____

Relationship _____

Others visiting overnight _____

Business/Occupation of each applicant _____

Employer _____

Address _____
(Street, City, State, Zip) (Street, City, State, Zip)

Phone _____

At least two personal or social references:

Name(s) (Street) (City, State, Zip) (Phone)

Name(s) (Street) (City, State, Zip) (Phone)

Applicant's Social Security # _____ Co-Applicant's Social Security

Has applicant rented at Visions before _____ If so, what Unit _____ and When
_____. Rented through whom _____.

Applicant's Bank References. (Names, addresses, telephones)

Applicant(s) automobile(s) to be parked on premises: (No Boats, Campers, Motor Homes, Vehicles bearing Commercial Lettering or insignia, trailers, trucks - including pickup trucks - commercial vans, motorcycles, mopeds and R.V.'s are prohibited.)

Car 1: (Make) _____ (Yr.) _____ (Model) _____ (Color) _____ Tag# _____ State _____
Car 2: (Make) _____ (Yr.) _____ (Model) _____ (Color) _____ Tag# _____ State _____

(I) (We) hereby certify that I/we have been provided with a copy of the Rules and Regulations as of the date of this application, and that I/we have read and understand same. I/we agree to lease subject to all such Rules and Regulations, and those rules which may be adopted by the Board from time to time. I understand that any violation of the Rules may result in the immediate termination of any lease and eviction by the Visions Condominium Association.

(I) (We) understand that no lessee or guest of any lessee may have a pet of any kind on the premises. I understand that I may not occupy any apartment until Board of Directors approves this application. (I) (We) understand that applicants arriving with unapproved vehicles, pets or otherwise not in conformance with the Rules and Regulations may be denied access to premises or asked to vacate the premises.

(I) (We) further understand that residency of an apartment is limited to a maximum of six persons.
Applicant(s) signature: _____

Owner's signature : _____

Agent's signature : _____

Agent's name, title, company, address, phone _____

Key to Unit, P.O. Box supplied by _____

Date _____ APPROVED BY BOARD OF DIRECTORS _____

Date _____ DISAPPROVED BY BOARD OF DIRECTORS _____

Reason for disapproval _____

COPY OF "RULES AND REGULATIONS" ATTACHED