

MYRTLE TRACE CONDOMINIUM ASSOCIATION

A Corporation not-for-Profit

C/O Sunstate Association Management Group
www.brian@sunstatemanagement.com
200 Capri Isles Blvd.-Suite 2, Venice, FL 34292
(941)870-3375 ~ Fax: (941) 870-9652

APPLICATION FOR RENTAL / LEASE OF UNIT

PLEASE PRINT ALL INFORMATION

A non-refundable fee of \$100.00 must accompany this application, payable to Myrtle Trace Condominium Association, Inc.. **No unit may be rented or leased for a period of less than one month.**

The Board of Directors needs sufficient time to review this application. **All sales, transfers, leases, rentals or occupation of a unit must be approved, in writing, by the Board of Directors or duly authorized officer of the Board before such sale, transfer, lease, rental or occupation shall be valid and effective.** (Reference Myrtle Trace Declaration of Condominium)

The undersigned unit owner proposes to rent/lease :

Unit Number _____ Address _____

To _____, identified below.

Lease Start Date _____ Lease End Date _____ Lease Amount \$ _____ .00 per mo.

In the event the unit owner is delinquent in paying any monetary obligation due to the Association, the tenant, upon receipt of notice from the Association, will make subsequent rental payments directly to the Association until otherwise notified. (FL Stat. 718.116(11))

Attached herewith is a copy of the executed Rental/Lease Contract.

The undersigned unit owner states that all information contained in this application is true and correct. (Any intentional misrepresentations shall be a basis for an automatic disapproval.)

UNIT OWNER INFORMATION

Unit Owner's Full Name _____

Current Telephone Number _____ - _____ - _____

Current Address _____ City _____ ST _____ Zip _____

Signature of Unit Owner Date

Signature of Unit Co-owner Date

LESSEE/RENTER INFORMATION

Renter's Name _____

Renter's SS#** _____ Co-renter's SS#** _____

** Non-U.S. citizen: Use appropriate Government I.D.

Renter's DOB _____ Co-renter's DOB _____

Renter's Dr.Lic.# _____ Co-renter's Dr.Lic.# _____

Current Home Address _____ City _____ ST _____ ZIP _____

Telephone # _____ - _____ - _____ Business Phone # _____ - _____ - _____

Business or Profession (Present or Former):

Renter	Co-renter
Position Occupied	Position Occupied
Currently Employed or Retired	Currently Employed or Retired

LIST ALL OTHER OCCUPANTS DURING RENTAL PERIOD

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

REFERENCES

Name _____ Relationship _____ Phone # _____ - _____ - _____

Name _____ Relationship _____ Phone # _____ - _____ - _____

Name _____ Relationship _____ Phone # _____ - _____ - _____

VEHICLES (List all vehicles that will be kept at this unit during occupancy)

Make _____ Model _____ Year _____ State _____ License _____

Make _____ Model _____ Year _____ State _____ License _____

The undersigned lessee/renter agrees to provide any further information that may be reasonably requested by the Board. The lessee/renter has received a copy of the current Rules and Regulations of Myrtle Trace Condominium Association, Inc., has read said copy, and understands their responsibilities as lessee/renter. We/I agree to abide by the provisions of said documents and waive my right to any protest.

Please initial that you understand and agree to the following:

- _____ A lessee/renter may not sublet a unit.
- _____ Children under 13 years of age must be accompanied by an adult at the pool.
- _____ Motorcycles must be parked in a garage when not in use. Pick-up trucks must be parked in a garage overnight.
- _____ Commercial/Recreational vehicles, trailers, boats, & campers are prohibited.
- _____ Condominiums are for single family occupancy.
- _____ Lessees/Renters or their visitors may not bring pets onto the property. Lessees with contracts longer than six (6) months may have one conforming pet with written permission from the homeowner and with Board approval.

I/We hereby authorize the Association’s Agent to request a consumer report from one of the consumer reporting agencies in considering this Application. I/We also understand that any information will be held in strict confidence. Upon applicant(s)’ request Myrtle Trace Condominium Association, Inc. will inform applicant(s) of the name and address of each consumer reporting agency from which we obtained a consumer report, if any, relating to applicant(s).

I/We the undersigned hereby grant permission to the Board of Directors or their delegates to contact any or all of the above references with the understanding that all information will be held in strict confidence.

Under penalty of perjury, the undersigned certifies that the foregoing information is correct and true.

Signature of Applicant for Rental/Lease	Date
Signature of Co-Applicant for Rental/Lease	Date

RENTAL COMPANY INFORMATION

Name of Rental Company _____

Address _____ City _____

Tele. # _____ - _____ - _____ Fax # _____ - _____ - _____

Name of Rental Agent _____

Current Telephone# of Agent _____ - _____ - _____

RETURN COMPLETED APPLICATION TO:

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MYRTLE TRACE CONDOMINIUM ASSOCIATION
213 Southampton Drive
Venice, FL 34293

ACTION OF BOARD OF DIRECTORS

Date: _____ Approved: _____ Disapproved: _____

Director's Signature Title

CHECK HERE IF FEE WAS RECEIVED _____ Amount _____ Date _____

BY WHOM _____

NOTE: A copy of this Board Action will be sent to the Rental Company, Owner and Renter.