

**MYRTLE TRACE CONDOMINIUM ASSOCIATION**

*A Corporation not-for-Profit*

**Send completed form to the Property Management Company**

**APPLICATION FOR LEASE OF UNIT**

**PLEASE PRINT ALL INFORMATION**

A non-refundable fee of \$150.00 must accompany this application, payable to Myrtle Trace Condominium Association, Inc. **No unit may be leased for a period of less than one month.**

The Board of Directors will review the application request within 30 days of receipt of complete application and fees. **All sales, transfers, leases, 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, or occupation shall be valid and effective.** (Reference: Myrtle Trace Declaration of Condominium) The undersigned unit owner(s) propose(s) to lease:

Unit Number \_\_\_\_\_ Address \_\_\_\_\_

To \_\_\_\_\_, identified below.

Lease Start Date \_\_\_\_\_ Lease End Date \_\_\_\_\_ Lease Amount \$ \_\_\_\_\_ per mo.

**In the event the unit owner(s) is/are delinquent in paying any monetary obligation due to the Association, the lessee(s), 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 Lease Contract.**

**UNIT OWNER INFORMATION**

**Full Name:** Unit Owner \_\_\_\_\_ Co-owner \_\_\_\_\_

**Current Telephone #:** Owner \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Co-owner \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ **Cell**

**Phone #:** Owner \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Co-owner \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ **Current**

**Mailing Address:**

Owner \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ ZIP \_\_\_\_\_

Co-Owner \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ ZIP \_\_\_\_\_

Under penalty of perjury, the undersigned Owner/Co-owner certifies that the foregoing information is correct and true. (Any intentional misrepresentation shall be a basis for an automatic disapproval.)

\_\_\_\_\_  
Signature of Unit Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Unit Co-owner

\_\_\_\_\_  
Date

**LESSEE INFORMATION**

**Full Name:** Lessee \_\_\_\_\_ Co-lessee: \_\_\_\_\_

**Date of Birth:** Lessee \_\_\_\_\_ Co-lessee \_\_\_\_\_

**Driver's License:** Lessee ST \_\_\_\_ # \_\_\_\_\_ Co-lessee ST \_\_\_\_ # \_\_\_\_\_

**Current Mailing Address:**

Lessee \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ ZIP \_\_\_\_

Co-lessee \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ ZIP \_\_\_\_

**Email Address:** Lessee \_\_\_\_\_ Co-lessee \_\_\_\_\_

**Telephone #:** Lessee \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Co-lessee \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Cell Phone #:** Lessee \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Co-lessee \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Business Phone #:** Lessee \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Co-lessee \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Business or Profession (Present or Former):**

_____	_____
Lessee	Co-lessee
_____	_____
Position	Position
_____	_____
Currently Employed or Retired	Currently Employed or Retired

**LIST ALL OTHER OCCUPANTS DURING LEASE 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 \_\_\_\_\_ I/We the

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

**Lessee and Co-lessee must initial that he/she understand(s) and agree(s) to the following:**

\_\_\_\_\_ **A lessee 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 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 understand that prior to the lease start date Myrtle Trace Condominium Association may request a consumer report from one of the consumer reporting agencies. I/We also understand that any information obtained will be held in strict confidence. Upon the lessee(s)' request Myrtle Trace Condominium Association, Inc. will inform the lessee(s) of the name and address of each consumer reporting agency from which we obtained a consumer report, if any, relating to the lessee(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 Lease

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-applicant for 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: Associa Gulf Coast  
101 Paramount Dr  
Sarasota, FL 34232**

**Email address:** [jvaccaro@associagulfcoast.com](mailto:jvaccaro@associagulfcoast.com); [tonia.merkes@associa.us](mailto:tonia.merkes@associa.us)



**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(s) and Lessee(s).