

LAGUNA of VERO BEACH CONDOMINIUM ASSOCIATION, INC.

4380 US HWY 1, VERO BEACH, FL 32967

Tel: 772-564-7440 Fax: 772-564-7062

APPLICATION FOR UNIT RENTAL Effective 9/1/2008

NOTE: Applications can be for minimum of one month, but only two applications per year will be approved. Rentals of less than six (6) months are required to pay Florida state sales tax, which is the responsibility of the unit owner. Tenants may not have pets of any kind.

This application form, fully completed with all attachments, must be received by the Association not less than fifteen (15) days (weekends, Holidays and the day of receipt excluded) prior to the first day of rental. A processing fee of \$100 (non-refundable) is to be made payable to Laguna of Vero Beach Condominium Association. Incomplete applications will be denied. Applications for owners who are delinquent on maintenance fees, garage fees, late fees and/or water payments will be denied.

UNIT OWNER: Owners Name: _____ Unit Address: _____

Telephone: _____ Fax: _____ Email Address: _____

Real Estate Agent: _____ Tel # _____ Fax# _____

THE FOLLOWING ARE REQUIRED AND ATTACHED:

_____ \$100 Application Fee

_____ Laguna Leasing Rules, signed by Unit owner

_____ Copy of Lease, showing names, lease period, monthly rent, and signatures.

_____ Letter from owner stating background check has been completed and no adverse information found. This is solely for the owner's protection.

_____ Copy of Insurance policy indicating rental unit coverage (this is required by law).
(Send 1 page only showing this coverage, owner's name & property address)

Owner's Certification:

I certify that I have performed a full background check on this tenant. I understand I am responsible for the actions of my tenant and may be subject to fines and/or eviction of tenant if the tenant is in violation of the Declarations including the Rules and Regulations for Laguna of Vero Beach condominium Association, Inc. I have provided my tenant a copy of said documents date 9/1/08. I understand this application can be for a minimum of one (1) month and a limit of two (2) applications will be approved per year.

Date of Lease Period: _____ to _____

Owner's Signature: _____ Date: _____

TENANT INFORMATION:

Name of Tenant/s: _____

Will there be others occupying the unit: yes _____ no _____

NOTE: all persons over 18 must have background/reference check

Please list their names and relationship to Tenant, including children:

Current Home address: _____ Current Phone Number: _____

Phone Number for Gate: _____ Name in Directory: _____

Email Address: _____ Occupation: _____

Vehicle Information: Please attach copy of Driver Licenses and valid Certificate of Insurance

#1 Make: _____ Model: _____ Color: _____ Year: _____

Tag #: _____ State: _____

#2 Make: _____ Model: _____ Color: _____ Year: _____

Tag #: _____ State: _____

TENANT CERTIFICATION:

I HEREBY CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT AND I HAVE RECEIVED A COPY OF, READ, UNDERSTAND AND WILL ABIDE BY THE ASSOCIATIONS RULES AND REGULATIONS PROVIDED TO ME BY THE UNIT OWNER OR RENTAL AGENT. I ALSO AM AWARE I AM NOT PERMITTED TO HAVE PETS, PET SIT OR HAVE VISITING PETS.

TENANT SIGNATURE: _____ DATE: _____

Send Check to: Laguna of Vero Beach Condominium Association, Inc.
Professional Community Services
4380 US Highway 1
Vero Beach, FL 32967

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MANAGEMENT'S USE ONLY:

Verification of all fees current: date/initials _____
Criminal check completed: date/initials _____
Sex Offenders Check completed: date/initials _____
Application Fees Received: date/initials _____

APPROVED: YES _____ NO _____ SIGNATURE: _____ DATE: _____