

Ocean Towers Condominium Association, Inc.

9400 South Ocean Drive • Hutchinson Island • Jensen Beach, Florida 34957

Telephone 772 • 229 • 2229

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APPLICATION FOR LEASE APPROVAL

This application for lease approval must be accompanied by a **properly executed lease agreement**, a \$150.00 non-refundable fee for processing and **must be received by the Association of Ocean Towers a minimum of thirty (30) days prior to occupancy.** All applications for lease are conditioned upon and subject to approval of the Board of Directors of Ocean Towers or it's appointee.

Unit # _____

Owner's Email Address or Phone # (for approval confirmation) _____

No unit shall be occupied prior to the approval of this application by the Board of Directors or it's appointee. Any unit leased by an owner without submitting the lease application for approval may subject the owner to a \$100.00 fine per occurrence up to \$1,000.

Lease Period: From: _____ to _____

Rented From: Owner _____

Realtor _____

Applicant(s) Name(s) _____

- Owners shall not lease their condominium unit for less than thirty (30) days.
- Leases in excess of four (4) months and summer rentals (June, July, August) require a personal interview.
- **For July Applicants ONLY:** An additional, refundable security deposit in the amount of \$500 must be made out to the Association and accompany this application. (Deposit will be refunded & mailed 2-4 weeks after the completion of the applicants stay).
- Rentals must be a minimum of 30 days.

The applicant(s) understand and agree that the only person(s) that may occupy this unit are those person(s) whose name appears herein. Please provide an accurate address as this will be used as your mailing address for July security deposit refunds.

Applicant(s) Address: _____
(Street)

(City/State/Zip)

Applicant(s) Phone #: _____
(Home) (Cell)

Full names and ages of children who will reside in the unit (if applicable): _____

Present Employer _____ Occupation _____

Supervisor's Name & Phone Number _____

References:

Two (2) required, must be completely filled out for application to be approved

Name: _____
(Phone Number)

Address: _____
(City/State/Zip)

Name: _____
(Phone Number)

Address: _____
(City/State/Zip)

Have you leased with Ocean Towers before? _____ If yes when did you lease and what unit
did you lease? _____

Vehicle:

Please only list the vehicle(s) you will be bringing on property during your stay at Ocean Towers. **Ocean Towers requires you to check in with the office upon arrival and a parking pass will be issued (to prevent your car from being towed or booted). Commercial vans, motorcycles, motor homes and/or trailers are NOT permitted in the parking lot of Ocean Towers. Private pick-up trucks are permitted, up to three quarter ton and if the bed of the pick-up truck is completely covered with an appropriate factory or commercially manufactured cap or tonneau cover. You may not back your vehicle into the space at any time. Violators will be booted and fined \$99 or more.**

A parking pass will not be issued if all information pertaining to the vehicle is not filled in below. If you are renting a vehicle please circle below. A maximum of 2 permits will be issued per unit.

Year _____ Make _____ Model _____ Plate # _____ State _____

Year _____ Make _____ Model _____ Plate # _____ State _____

Will you be renting a car? _____ Please list the license plate number if known _____.

Upon arrival at Ocean Towers, you must check in with the office located in the Clubhouse. The office is open for check-ins 8 am - 4:00 pm (M-F). If you will be arriving before or after office hours, you may check in on the next business day. During check in you will receive a copy of the Ocean Towers Rules and Regulations as well as parking passes for any vehicles you will be keeping on property as stated above. We will request a phone number or email address upon your arrival that you will use during your stay in case we need to inform you of anyone needing to enter your unit, etc.

You agree to vacate the property within five (5) days if you do not comply with our Rules and Regulations. You also agree that you do not have a pet. (INITIAL HERE ____) Pets of any kind are not permitted to lessees or guests under the Association Rules & Regulations. *If you have a Service Animal (PLEASE CHECK YES ___ NO ___) please provide us with the following: 1) a letter from a medical professional stating that you require a Service Animal, 2) a copy of the latest vaccination report from your Vet, and 3) a letter describing the work or tasks that the animal has been trained to perform. This must be submitted along with your application.*

Ocean Towers is a SMOKE FREE environment and prohibits smoking in ALL common areas, including balconies and the pavilion next to the pool area leading out to the beach. Finally, children under twelve (12) must have adult supervision when using the pool. Please take a moment to read all of the Rules and Regulations as well as the posted pool rules upon receipt.

The information given on this application is true and correct. FALSIFICATION OF ANY PORTION OF THIS APPLICATION WILL RESULT IN IMMEDIATE EVICTION.

I/We have received a copy of the Rules and Regulations of the Association and I/We hereby agree in all respects to abide by said Rules and Regulations and all Condominium Documents and Amendments thereto by signing below.

Lessee

Lessee

Owner/Agent Representative

Owner/Agent Representative

For office use only:

\$150 lease processing fee received on _____ paid by

with Check # _____.

Ocean Towers Condominium Association

By: _____