

VENICE BEACH APARTMENTS ONE, INC.

C/O SUNSTATE ASSOCIATION MANAGEMENT GROUP

P. O. BOX 18809, SARASOTA, FLORIDA 34276

OVER 90 – DAY RENTAL APPLICATION

NOTE: *In accordance with Article VII of the By-Laws (Sections 2, 4 and 9) adopted by the members at a special meeting on April 11, 1990, the undersigned owner of Unit _____ hereby notifies the Board of Directors and requests approval to rent the aforesaid Unit to the following for a period of MORE than 90 days.*

RENTER INFORMATION

Name(s) of Renters: _____

Address: _____

(One occupant MUST be over 55 years of age, proof required prior to occupancy. No one under 18 years of age is allowed to reside in the unit. There is a limit of 2 persons in a one-bedroom unit and 4 persons in a two-bedroom unit. Single family use only)

ATTACH COPY OF PROOF OF AGE, (Driver's license or Birth certificate).

Inclusive dates of rental: From: _____ To: _____

- NO PETS ALLOWED.
- Automobile of renter will be parked only in the space assigned to the unit.
- The undersigned agrees to guarantee compliance with the House Rules and Regulations of the Association during the occupancy of the premises by the renters. House Rules should be posted in the unit or supplied by the owner.
- The undersigned renter agrees that he is familiar with all of the House Rules and Regulations and agrees to abide by them.

To Owners: A fee of twenty-five dollars (\$25.00) must accompany this application, and should be received no less than thirty (30) days prior to the beginning date of the rental.

Signature of Owner: _____ Date: _____

Signature of Renter: _____ Date: _____

Signature of Renter: _____ Date: _____

Please complete attachment #1 and return to: Venice Beach Apartments One, Inc., C/O Sunstate Association Management Group, P. O. Box 18809, Sarasota, FL 34276.

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OVER 90 – DAY RENTAL APPLICATION – Attachment #1

Please provide the names, addresses and phone numbers of three (3) Personal References and three (3) Business References: (Please type or print)

PERSONAL REFERENCES

Name	
Address	
Phone	
Name	
Address	
Phone	
Name	
Address	
Phone	

BUSINESS REFERENCES

Name	
Address	
Phone	
Name	
Address	
Phone	
Name	
Address	
Phone	

Board Approval _____ Date _____

Signed by _____