## 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:		
CELL #:EMAIL:		
(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 $lpha$	one-bedroom unit and 4 persons in a	
two-bedroom unit. Single family use only)		
Copy of proof of age is attached via $\square$ Driver's license or $\square$ Birth certificate	e	
Vehicle information: MakeModel	License Plate #	
Inclusive dates of rental: From:To:	<b>:</b>	
NO PETS ALLOWED.		
No Smoking allowed.		
<ul> <li>Automobile of renter will be parked only in the space assigned</li> </ul>	d to the unit.	
<ul> <li>The undersigned agrees to guarantee compliance with the Ho Association during the occupancy of the premises by the rente the unit or supplied by the owner.</li> </ul>	_	
<ul> <li>The undersigned renter agrees that he is familiar with all of the agrees to abide by them.</li> </ul>	ne House Rules and Regulations and	
To Owners: A fee of twenty-five dollars (\$25.00) must accompany th 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	DOUNTED NEI ENEMOLO	
Address		
Phone		
Name		
Address		
Phone		
Name		
Address		
Phone		
Board Approval Date		
Signed by		