

BOUCHELLE ISLAND XIII CONDOMINIUM ASSOCIATION, INC.

APPLICATION FOR OCCUPANCY LEASE

PLEASE NOTE: In addition to the following completed application, please make sure to submit a copy of the lease agreement, and a check for the \$100.00 application fee written out to Atlantic Community Association Management. These documents **MUST** be submitted in order to lease a condominium unit at Bouchelle Island XIII Condominium (the "Association"). Incomplete applications, or applications submitted which fail to supply the documents listed above, will not be processed or considered. Providing false information or documents to the Association in connection with any application will be grounds for disqualification or revocation of approval to lease. Thank you for your cooperation!

This lease application is for: Building # _____, Unit # _____.

Anticipated Occupancy Date: _____ Term of Lease: _____

The term of any lease shall be for no less than three (3) months. All renewals must be approved by the Association *prior* to the anniversary of the lease, and the failure to seek timely approval for any renewal may, in the sole discretion of the Association, result in automatic and immediate termination on the natural expiration of the lease.

I: Applicant Information

Primary Applicant Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell: _____ Email: _____

Secondary Applicant Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell: _____ Email: _____

II: Names of other occupants to reside in unit and relationship: (no more than 2 persons per bedroom during the term of the lease)

#1: _____ Relationship: _____

#2: _____ Relationship: _____

III: Personal References (No Family Members/Relatives/Realtors)

Name: _____ Daytime Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Daytime Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

IV: Pets: Board Approval required and proof of CSA registration required.

* Proof of rabies vaccination must be submitted with application.

Number: 1 only Weight Limit: Under 20 lbs.

Type of Pet: _____ Breed: _____ Weight: _____

V: Vehicles: (maximum of 2)

Make: _____ Model: _____ Year: _____ Color: _____

Tag Number: _____ State of Registration: _____

Make: _____ Model: _____ Year: _____ Color: _____

Tag Number: _____ State of Registration: _____

VI: Emergency Contacts: (Please State Relationship to Applicant)

Name: _____ Daytime Phone: _____

City/State: _____ Evening Phone: _____

Name: _____ Daytime Phone: _____

City/State: _____ Evening Phone: _____

CERTIFICATION

I agree for myself and on behalf of all other persons who may use the residence that I seek to lease that I will abide by all the restrictions contained in the Declaration, Articles of Incorporation, and Bylaws of the Association, Rules and Regulations, the Bouchelle Island Community Services Association (CSA) Covenants, and other governing documents that are currently or may in the future be imposed by the Association or Community Services Association (CSA). I expressly acknowledge receipt of a copy of the current Rules and Regulations and I expressly agree for myself and on behalf of all other persons who may use the residence that I seek to lease that I will be bound by such Rules and Regulations, as may be amended from time to time. I acknowledge and agree that failure to abide by the Rules and Regulations may result in the imposition of fines and may include (but not be limited to) termination of the lease, revocation of approval to lease a unit within the Bouchelle Island XIII community, and the implementation of legal action, the costs of which will be borne by me.

I agree that the Board of Directors, Officers, Agents and Employees of the Association shall be held harmless from any action or claim by me in connection with any use of the information contained herein or any investigation conducted by the Board.

I understand that the \$100.00 application processing fee to be paid *per applicant* (if different last name) is non-refundable whether my application is approved or denied.

If this application is illegible, unclear, or otherwise not filled out accurately or completely, the Association and any party or parties intending to rent a condominium unit to the above applicant(s) will not be liable or responsible for incomplete or inaccurate information gathered in the course of the screening process, or any other report which may be generated in connection with this application.

I hereby authorize and permit the Association to process this application (including but not limited to background, credit, criminal and reference screening) and to disclose the results to members of the Board of Directors and such officers, agents and employees of the Association as may be reasonably necessary for the Association to approve or disapprove my application. Further, I expressly agree to hold harmless the Association, its officers, agents, employees, and members from any losses, expenses or damages sustained directly or indirectly, whether by me or by others, from information disclosed (either orally or in writing) as part of, by or through the screening process.

Primary Applicant Signature: _____

Print Name: _____

Date: _____

Secondary Applicant Signature: _____

Print Name: _____

Date: _____

Bouchelle Island XIII Condominium Association, Inc.

AUTHORIZATION TO RELEASE INFORMATION

You are hereby authorized to release all information requested pertaining to me as a tenant to the following entity, "Atlantic Community Association Management & Accounting, Inc." It is my understanding that "Atlantic," is hereby, authorized to release the information to the below-designated party(s), their attorney or representative.

Designated Party: Board of Directors, Bouchelle Island XIII Condominium Association, Inc.

I hereby waive any privileges I may have with respect to said information in reference to its release to the aforesaid party(s).

Photocopies of this authorization may be made to facilitate multiple inquires. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be released.

Primary Applicant Signature: _____

Print Name: _____

Date: _____

Secondary Applicant Signature: _____

Print Name: _____

Date: _____

Bouchelle Island XIII Condominium Association, Inc.
c/o Atlantic Community Association Management & Accounting, Inc.
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