

Bayfront Place Condominium Association, Inc.

c/o Volhr Corporation
1000 North Collier Blvd., Suite 9
Marco Island, Florida 34145
Phone: (239) 389 – 3600 Fax: (239) 394 – 4110
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Application to Lease a Condominium Unit

The lease period must be for at least 30 days and not more than 1 year. Leases OVER 3 months require approval of the Board of Directors. The condominium documents of Bayfront Place, a Condominium, provide that all units are for single family residence only. A leased unit may only be occupied by the lessee, his family members within the 1st degree of relationship by blood, adoption or marriage and their spouses and guests.

The total number of overnight occupants of a leased unit is limited to two persons per bedroom. The application represents that the following information is true and correct, and consents to further investigation concerning this information including appropriate credit checks that may be necessary for approval of this request. Please see the following application checklist seen under # 8, for further instructions. Application fee is non-refundable.

1. I hereby apply for approval to lease:

Unit # _____, at Bayfront Place, a Condominium,

for the period beginning _____, and ending _____.

Name of Unit Owner: _____

Full name of Applicant: _____ Birth Date: _____

Full name of Spouse: _____ Birth Date: _____

Home address: _____ City / State: _____ Zip: _____

Telephone (home): _____ Telephone (cell): _____

2. Other family members who may also be occupying the unit and relationship to applicant:

Total Number of individuals that will be residing in unit: _____

Name (s):

Relationship:

Age:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Four references: Two previous residences, One Personal preferably local, One Bank reference is required:

1. Landlord Name: _____ Address: _____

City / State: _____ Zip: _____ Telephone: _____

2. Landlord Name: _____ Address: _____

City / State: _____ Zip: _____ Telephone: _____

3. Name: _____ Address: _____

City / State: _____ Zip: _____ Telephone: _____

4. Bank Reference _____

4. Automobiles to be parked on the premises:

Make/Model: _____ Color: _____ Year: _____ License Plate # /State: _____

Make/Model: _____ Color: _____ Year: _____ License Plate # /State: _____

5. Mailing address for notices regarding this application if different from the home address given above:

Name: _____ Address: _____

City / State: _____ Zip: _____ Telephone: _____

6. Person to be notified in case of an emergency:

Name: _____ Address: _____

City / State: _____ Zip: _____ Telephone: _____

7. Rental Agent / Company: _____

Phone: _____

8. Application Checklist:

Have you attached?

- () Completed & Signed Pages 1-2 of Application
- () Copy of Lease Agreement
- () Application Fee of \$100 payable to Bayfront Place Condominium Association, Non-Refundable
- () Background/Credit Check form completed for each Applicant/Spouse

9. Applicant's Affidavit:

The applicant is aware of and agrees to abide by the Declaration of Condominium of Bayfront Place, a condominium, the Articles of Incorporation, By Laws and any and all properly promulgated rules and regulations in effect within the terms of the occupancy (ownership). Receipt of a copy of the Association documents is acknowledged.

I understand and agree that the Association, in the event it approves the lease, is authorized to act as the owner's agent with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, or provisions of the Declaration of Condominium, the Association's By Laws, the Florida Condominium Act, and the rules and regulations of the Association.

I hereby authorize Bayfront Place Condominium Association, Inc. to conduct a criminal and credit background check on all proposed occupants. Each applicant and adult occupant must sign below to make the application valid.

Any approval is a conditional approval subject to and contingent upon the information contained herein being accurate and complete. Should any information provided not be accurate, or deemed incomplete or any omission is made, the Association reserves the right to revoke its approval.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Occupant Signature: _____ Date: _____

Occupant Signature: _____ Date: _____

For Office Use Only:

This application is approved _____ Not approved _____

Bayfront Place Condominium Association, Inc.

By: _____ Title: _____ Date: _____