

Mirage on the Gulf 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

Instructions:

This application is to be completed by the prospective renter(s) and submitted to the Association's Management at least 10 days prior to the commencement of the lease, please see the check list under 9. Approval or denial will be issued by the Association Board of Directors or their designee within 5 days from the date of receipt of the application. Units may not be leased for a period of less than thirty days. All Association units are designated as single family residences only, and must be leased, rented and/or utilized as such.

1. I hereby apply for approval to lease:

Unit # _____, in Mirage on the Gulf, a Condominium,
for the period beginning _____, and ending _____.

Name of Unit Owner: _____

Full name of Applicant: _____ Age: _____

Full name of Spouse _____ Age: _____

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

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

Email Address: _____

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. Two references, preferably local, are required:

Name: _____ Address: _____

City/State: _____ Zip: _____ Telephone: _____

Name: _____ Address: _____

City/State: _____ Zip: _____ Telephone: _____

4. Current or most recent landlord, if applicable:

Name: _____ Telephone: _____

Address: _____ City / State: _____ Zip: _____

Duration of rental: _____

5. Automobiles to be parked on the premises:

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

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

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

Name: _____ Address: _____

City / State: _____ Zip: _____ Telephone: _____

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

Name: _____ Address: _____

City / State: _____ Zip: _____ Telephone: _____

8. Rental Agent / Company: _____

Phone: _____

9. Application Checklist:

Have you attached?

() Completed & Signed Pages 1-2 of Application

() Copy of Lease Agreement

() Application Fee of \$100 payable to Mirage on the Gulf Condominium Association, Non-Refundable

10. Applicant's Affidavit:

I am familiar with and agree to abide by the Mirage on the Gulf Condominium Association's Declaration, Bylaws and published Rules & Regulations. I understand and agree that the Association, in the event a lease is approved, is authorized as the owner's agent with full authority and power to take whatever action may be necessary, including eviction, to prevent violation by lessees and their guests of the provisions contained in the above documents. I represent that the information stated is factual and correct and I agree that any misrepresentation in this application will justify its disapproval. I consent to any further inquiry concerning this application and the references given.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

For Office Use Only:

This application is approved _____ Not approved _____

Mirage on the Gulf Condominium Association, Inc.

By: _____ Title: _____ Date: _____