The Resort Building 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
Email: 2Maintenance@VolhrCorporation.com

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 8. Approval or denial will be issued by the Association Board of Directors or their designee within 30 days from the date of receipt of the application. Units may not be leased for a period of less than thirty days.

1. I hereby apply for approval to lease:

| | | Unit # | , in The Resort Building | 9, | | | | | |
|----|-----------------------------|---|--------------------------|------------------|--|--|--|--|--|
| | for the period beginnin | g | , and ending _ | · | | | | | |
| | Name | of Unit Owner: | | | | | | | |
| | Full name of Applica | nt: | | Age: | | | | | |
| | Full name of Spouse | | | Age: | | | | | |
| | Home address: | 181 | City / State: | Zip: | | | | | |
| | Telephone (home): | | Telephone (cell): _ | | | | | | |
| | Email Address: | | 4 | | | | | | |
| | Business Name: | | | | | | | | |
| 2. | Two references, preferably | | | | | | | | |
| | Name: | | Address: | | | | | | |
| | City/State: | Zip: | Telephone: | | | | | | |
| | Name: | F | Address: | | | | | | |
| | City/State: | Zip: Telephone: | | | | | | | |
| 3. | Current or most recent land | Current or most recent landlord, if applicable: | | | | | | | |
| | Name: | | Telepho | ne: | | | | | |
| | Address: | Cit | y / State: | Zip: | | | | | |
| | D | Duration of rental: | | | | | | | |
| 4. | Automobiles to be parked of | Automobiles to be parked on the premises: | | | | | | | |
| | Year: Make: | Model/Color: | Lice | License Plate #: | | | | | |
| | | | | ense Plate #: | | | | | |
| 5. | Mailing address for notices | Mailing address for notices regarding this application if different from the home address given above | | | | | | | |
| | Name: | Add | ress: | | | | | | |
| | City / State: | Zip: | Telephone: | | | | | | |

| 6. | 6. Person to be notified in case of an emergency: | | | | | | | | |
|---|---|-----------|-------------------------|----------------|--|-------|-------|---|--|
| Name: | | | | Address: | | | | | |
| | | | | | | none: | | | |
| 7. | | | | | | | | | |
| | | | Phone: | | | | | | |
| 8. | | | | | | | | | |
| Have you attached? | | | | | | | | | |
| | (| Compl | eted & Signed Pages 1-2 | of Application | | | | | |
| | | | of Lease Agreement | | | | | | |
| | () Application Fee of \$100 payable to The Resort Building, Non-Refundable | | | | | | | | |
| I am familiar with and agree to abide by The Resort Building 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. | | | | | | | | | |
| 7 | эрнсан | Sigriatui | е | | | L | Date: | | |
| Spouse Signature: | | | 1 | | | | Date: | | |
| For Office Use Only: This application is approved Not approved | | | | | | | | | |
| The Resort Building Condominium Association, Inc. | | | | | | | | | |
| Ву: _ | | | | Γitle: | | | Date: | - | |
| | | | | | | | | | |