

APPLICATION FOR APPROVAL OF LEASE

ORCHID HAMMOCK AT IBIS CONDOMINIUM ASSOCIATION, INC.
c/o Bristol Management, 1930 Commerce Lane, Suite 1, Jupiter, FL 33458
Office 561-575-3551 Fax 561-575-5423

1. This document, and the attached Application for Occupancy, must be completed in detail by the proposed Lessee. If there are two or more unrelated people applying, then each person must complete an Application for Occupancy and both must sign where required on all other pages.
2. **IF ANY QUESTIONS ARE NOT ANSWERED OR LEFT BLANK, THIS APPLICATION WILL BE RETURNED, NOT PROCESSED AND NOT APPROVED.**
3. **MAINTENANCE ASSESSMENTS MUST BE CURRENT UP TO THE TIME OF LEASE. IF EARLY APPROVAL IS DESIRED, PRE-PAYMENT OF ASSESSMENTS IS NECESSARY.**
4. Please attach a non-refundable processing fee of \$100.00 made payable to the above community.
5. Please attach a copy of the Lease Agreement.
6. The completed application must be returned to Bristol Management, **20 days Prior to the Lease Date.**
7. The lease agency or owner must provide Lessee with a copy of the Rules and Regulations.
8. **NO commercial vehicles, trucks, boats, trailers, motor homes, RV's, motorcycles, etc. permitted on premises.**
9. **NO lease shall be for less than 2 (two) months and no more than 2 (two) leases per calendar year.**
10. **NO SUB-LEASING AT ANY TIME.**

Please print or type:

Date: _____ Lease Term: _____ to _____

Closing Date: _____

Owner's Name: _____ Lot #: _____

Present Address: _____

_____ Phone: _____

Realtor: _____ Phone: _____

Name of Proposed Lessee: _____

ORCHID HAMMOCK AT IBIS CONDOMINIUM ASSOCIATION, INC.

1. I hereby agree for myself and on behalf of all persons who may use the house which I seek to Lease:
 - a) I will abide by and have read all of the restrictions contained in the By-laws and in the Rules and Regulations which are, or may in the future be, imposed by **Orchid Hammock at Ibis Condominium Association, Inc.**
 - b) I understand that sub-leasing or occupancy of this property in my absence is **prohibited.**
 - c) I understand that I must be present when any visitors or children who are not permanent residents occupy the unit or use the recreational facilities.
 - d) I understand that any violation of these terms, provisions, conditions and covenants of **Orchid Hammock at Ibis Condominium Association, Inc.** documents provides cause for immediate action as therein provided or termination of the Leasehold under appropriate circumstances.

2. I understand that the acceptance for Lessee of any unit at **Orchid Hammock at Ibis Condominium Association, Inc.** is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. **OCCUPANCY PRIOR TO APPROVAL IS PROHIBITED.** ANY MISREPRESENTATION OR FALSIFICATION OF INFORMATION ON THESE FORMS WILL RESULT IN THE AUTOMATIC REJECTION OF THIS APPLICATION.

In making the foregoing application, I am aware that the decision of the Board of Directors will be final and no reason shall be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

Signature: _____

Date: _____

Signature: _____

Date: _____

IMPORTANT: IF THIS APPLICATION IS PRESENTED WITH ANY BLANKS OR NOT PROPERLY COMPLETED, SIGNED AND DATED BY ALL PARTIES CONCERNED, IT **WILL NOT** BE ACCEPTED AND WILL BE RETURNED.

ORCHID HAMMOCK AT IBIS CONDOMINIUM ASSOCIATION, INC.
APPLICATION FOR OCCUPANCY – LEASE
(PLEASE PRINT OR TYPE ALL INFORMATION)

Community: _____ Address: _____

Name: _____ D/O/B _____ S.S. # _____

Spouse: _____ D/O/B _____ S.S. # _____

Name and ages of children and others who will occupy:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

RESIDENCE HISTORY

Present Address: _____ Phone: (____) _____

Dates of Residency: _____ To: _____

Landlord: _____ Phone: (____) _____

Previous Address: _____ How Long: _____

Landlord: _____ Phone: (____) _____

EMPLOYMENT AND BANK REFERENCES

Employer: _____ Phone: (____) _____

How Long: _____ Position: _____ Approx. Mo. Income _____

Spouse's Employer: _____ Phone: (____) _____

How Long: _____ Position: _____ Approx. Mo. Income _____

Bank: _____ Phone: (____) _____

How Long: _____ Account #: _____ Checking

How Long: _____ Account #: _____ Savings

REFERENCES – NO RELATIVES

Please submit two letters of reference from people other than relatives, including an address and a telephone number where the writer can be contacted, if necessary. PLEASE BE SURE THAT THE LETTER IS SIGNED.

of Cars: _____ Driver's License #: _____

Make: _____ Model: _____ Year: _____ Tag: _____

Make: _____ Model: _____ Year: _____ Tag: _____