



***Island Dunes Oceanside 1 Condominium Association, Inc.  
8880 South Ocean Drive, Jensen Beach, FL 34957***

**A NOTE TO OUR PROSPECTIVE TEMPORARY NEIGHBORS**

The attached application for approval of rental of a unit at Island Dunes Oceanside I is intended to give us an understanding of people interested in becoming our neighbors.

We take the role of neighbor very seriously here at Oceanside I. We hope that you will find living here a special experience with people who know each other, respect each other, and genuinely cherish a relationship that we feel really sets this building apart from many others.

We want to make sure that folks interested in coming here are ones interested in becoming part of a great community and hoping to do their part in making that community even better.

We thank you for your time in filling out the required forms and stand ready to be as helpful as we can be in answering all your questions about our home.

Whether you plan to be here for just two months or much longer, we think you will find the wonderful facilities, the beach, the country club, the staff, and your new neighborhood an incredibly special place.

Please note the many social activities that take place here at Oceanside I. We really are known as one of the very most social and hospitable associations in the area.

Thank you!

The Board and all the folks at Oceanside I

**ISLAND DUNES OCEANSIDE I CONDOMINIUM ASSOCIATION, INC.  
8880 SOUTH OCEAN DRIVE, JENSEN BEACH, FLORIDA, 34957**

APPLICATION FOR APPROVAL OF THE LEASE OF A CONDOMINIUM UNIT

THIS COMPLETED APPLICATION FOR THE LEASE OF A UNIT MUST BE RECEIVED BY THE ASSOCIATION AT LEAST THIRTY (30) DAYS PRIOR TO THE PROPOSED OCCUPANCY DATE.

**PLEASE NOTE THAT WE ALSO REQUIRE:**

- \*\$100 FOR THE APPLICATION PROCESSING FEE – CHECK PAYABLE TO ISLAND DUNES OCEANSIDE I**
- \*A COPY OF THE RENTAL AGREEMENT**
- \*TWO PERSONAL LETTERS OF REFERENCE WRITTEN BY PERSONS NOT RELATED TO THE APPLICANT AND DELIVERED DIRECTLY TO THE ISLAND DUNES OCEANSIDE I CONDOMINIUM ASSOCIATION**
- \* A LEGIBLE COPY OF EACH APPLICANT'S CURRENT DRIVER'S LICENSE**

CONDOMINIUM UNIT # \_\_\_\_\_

PLANNED OCCUPANCY DATE: (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_

REALTY AGENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

JOINT APPLICANT'S NAME: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOW LONG AT THIS ADDRESS? \_\_\_\_\_ OWN \_\_\_\_\_ RENT \_\_\_\_\_

PRIOR ADDRESS (IF LESS THAN 3 YRS): \_\_\_\_\_

IF CURRENTLY RENTING, PLEASE NOTE LANDLORD'S NAME, ADDRESS, AND PHONE NUMBER:

\_\_\_\_\_

APPLICANT'S TELEPHONE: \_\_\_\_\_ APPLICANT'S E-MAIL: \_\_\_\_\_

APPLICANT'S EMPLOYMENT: \_\_\_\_\_ TITLE: \_\_\_\_\_

IF OTHERS WILL OCCUPY THIS UNIT, PLEASE NOTE THEIR INFORMATION:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

IF ANY ADDITIONAL OCCUPANTS ARE 18 YEARS OR OLDER PLEASE PROVIDE THEIR SOCIAL SECURITY NUMBERS AND AN ADDITIONAL \$50 ADMINISTRATIVE FEE FOR EACH.

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

AUTOMOBILES OWNED: (NOTE: NO MORE THAN TWO VEHICLES PER UNIT MAY BE PARKED ON GROUNDS)

VEHICLE 1: TYPE \_\_\_\_\_ MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ STATE&LICENSE# \_\_\_\_\_

VEHICLE 2: TYPE \_\_\_\_\_ MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ STATE&LICENSE # \_\_\_\_\_

**PLEASE NOTE: LESSEES ARE NOT ALLOWED TO HAVE PETS OF ANY KIND IN THEIR LEASED UNITS.**

**DISCLOSURE AND AUTHORIZATION AGREEMENT**

A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION CONCERNING YOUR CHARACTER, EMPLOYMENT HISTORY, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, CRIMINAL RECORD, EDUCATION, MOTOR VEHICLE RECORD, CREDIT AND/OR INDEBTEDNESS MAY BE OBTAINED IN CONNECTION WITH YOUR APPLICATION FOR TEMPORARY RESIDENCE.

YOU HEREBY AUTHORIZE AND REQUEST, WITHOUT RESERVATION, ANY PRESENT OR FORMER EMPLOYER, SCHOOL, POLICE DEPARTMENT, FINANCIAL INSTITUTION, DIVISION OF MOTOR VEHICLES, CONSUMER REPORTING AGENCY, OR OTHER PERSON OR AGENCIES HAVING KNOWLEDGE ABOUT YOU TO FURNISH **NATIONAL TENANT NETWORK** WITH ANY AND ALL BACKGROUND INFORMATION IN THEIR POSSESSION REGARDING YOU, IN ORDER THAT YOUR RESIDENCE QUALIFICATIONS MAY BE EVALUATED. YOU ALSO AGREE THAT A FAX OR PHOTOCOPY OF THIS AUTHORIZATION WITH YOUR SIGNATURE BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL. THE BOARD OF DIRECTORS AND ITS PERSONNEL SHALL BE HELD HARMLESS FROM ANY ACTION OR CLAIM BY THE APPLICANT(S) IN CONNECTION WITH THE USE OF THE INFORMATION OBTAINED IN ANY INVESTIGATION. THE UNDERSIGNED SPECIFICALLY AGREES TO ACCEPT TENANCY IN ACCORDANCE WITH THE ASSOCIATION'S DECLARATION OF CONDOMINIUM, BYLAWS, AND RULES AND REGULATIONS.

**READ, ACKNOWLEDGED AND AUTHORIZED**

SIGNED:

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT YOUR NAME: \_\_\_\_\_

SIGNED:

JOINT APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT YOUR NAME: \_\_\_\_\_

**ISLAND DUNES OCEANSIDE I BOARD AUTHORIZATION:**

BOARD OF DIRECTORS DECISION: \_\_\_\_\_APPROVED \_\_\_\_\_DISAPPROVED \_\_\_\_\_DATE

BOARD DIRECTOR: \_\_\_\_\_

**LEASE CONDITIONS**

1. The Application must be submitted at least 30 days prior to lease commencement.
2. Applicant 1: Have you ever been convicted of a crime or pled guilty to a crime? Yes\_\_\_No\_\_\_  
If yes, please state the dates(s), charge(s), and disposition(s):

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Applicant 2: Have you ever been convicted of a crime or pled guilty to a crime? Yes\_\_\_No\_\_\_  
If yes, please state the date(s), charge(s), and disposition(s):

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3. I understand that acceptance for the lease by the Association is conditioned upon the truth and accuracy of this Application and approval of the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic disqualification of my application.
4. I agree to abide by all terms and conditions contained in the Declaration of Condominium, By-Laws, Rules and Regulations which are or may in the future be issued by the Association.
5. The Association and/or its authorized agents shall have the irrevocable right to enter the Unit from time to time during reasonable hours as may be necessary for inspection, maintenance, repair, or replacement of any Unit or common element for making emergency repairs necessary to prevent damage to other units or common elements.
6. I understand that no more than two (2) persons per bedroom may reside in the unit, including dependent children.
7. I agree not to use the Unit in any manner that will interfere with the rights of other residents of the Association or commit any nuisance or illegal act in the Unit, or the common elements or the limited common elements.
8. I have received a copy of the Rules and Regulations.

9. I agree to abide by the current Oceanside I Rules and Regulations.

**Please circle one: YES NO**

Initial \_\_\_\_\_

Initial \_\_\_\_\_

**LEASE CONDITIONS (CONTINUED)**

10. I understand that I will be advised by the Board of Directors of acceptance or denial of this Application. The Board has a minimum of 15 days to provide a response to this application. Occupancy prior to approval is strictly prohibited.

11. I understand and agree that I must be present when any guest, relative, visitor, or children who are not lease occupants occupy this Unit or use Association facilities and common areas.

12. I understand and agree that no pets are permitted in the unit under my rental lease.

13. I understand that subleasing and unauthorized occupancy of this unit is expressly prohibited.

14. I understand that any violation of these conditions may result in the immediate termination of the lease.

15. The approval of the proposed lease is expressly conditioned upon the Applicant's compliance with these conditions. A breach of these conditions shall provide the Association the authority to take immediate steps to terminate the lease and evict the lessee. The Owner/Lessor remains ultimately responsible for the acts of the Lessee and Lessee's family and guests and to collect any cost incurred by the Association, including attorney's fees incurred in termination of the lease.

16. In the event the Owner/Lessor becomes delinquent in the payment of any sums and assessments due to the Association during the term of the lease, upon written demand by the Association, the Lessee shall pay directly to the Association rental payments due the Owner/Lessor to be applied to the delinquent sums owed by the Lessor to the Association. The Association shall be granted full right and authority to demand and receive the Lessor's entire rent due from the Lessee. When the delinquency no longer exists, the Association shall cease the demand and payments shall again be made by the Lessee directly to the Owner/Lessor.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**NATIONAL TENANT NETWORK**

THE NATION'S PREMIER SCREENING COMPANY  
TELEPHONE 1.800.330.2930 or FAX 1.800.368.1241

FOR OFFICE USE ONLY:

SUBSCRIBER NAME:.....

ACCESS NUMBER:.....

PHONE NUMBER: .....

FAX THIS REPORT BACK TO: FAX# :.....

REQUESTING AGENT(PRINT NAME) : .....

CHECK THE DESIRED REPORTS BELOW:

- Scored Credit Report
- Eviction/Tenant Performance
- Multistate Criminal/Sex offender search
- Credit & Eviction (SSP)
- Credit & Eviction & Criminal (PSP)
- Canadian Credit
- Canadian Criminal
- Decision Point**                      **Monthly Income:**                      **Monthly Rent:**

**APPLICANT (PRINT NAME)** .....

**SOCIAL SECURITY #** ..... **DATE OF BIRTH**.....

**CURRENT ADDRESS** .....

**CITY** ..... **STATE** ..... **ZIP CODE** .....

**PLEASE CAREFULLY FILL IN ALL OF THE ABOVE INFORMATION.** I CERTIFY.  
THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY. IF I RENT THE UNIT, I UNDERSTAND THAT THE INFORMATION GATHERED ON, AND FROM THIS FORM AND THE RENTAL AGREEMENT MAY BE MAINTAINED BY MANAGEMENT AND NATIONAL TENANT NETWORK FOR UP TO FIVE (5) YEARS AFTER I VACATE THE PREMISES.

**TENANT'S SIGNATURE**.....**DATE**.....

MAKE SURE YOU FILL OUT FULL NAME, DOB, SOCIAL SECURITY # & FULL ADDRESS  
**IF YOU HAVE A SECURITY FREEZE, PLEASE LIFT WITH ALL 3 BUREAUS BEFORE APPLYING!!**

NTN FLORIDA,  
INGRID  
1800-330-2930