

Meadowcroft Condominium Association, Inc.
5701 15th Avenue West, Bradenton, Florida 34209

APPLICATION FOR CONSENT TO RENT OR LEASE CONDOMINIUM UNIT

PLEASE WRITE CLEARLY AND PRINT ALL INFORMATION

The undersigned requests approval to rent or lease a condominium unit in Meadowcroft Condominium Association, Inc. as follows:

BUILDING # _____ UNIT ADDRESS: _____

✦ PLEASE CHECK ONLY ONE: ✦

- _____ Annual Lease (12 months)
- _____ Seasonal Lease (2 to 6 months)
- _____ Monthly Lease (1 month)
- _____ Other – Describe _____

✦ RENTAL PERIOD ✦

From: _____ To: _____
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

NOTE: This application form, fully completed, includes the authorization for release of a background check. A check made payable to Meadowcroft Condominium Association, Inc. in the amount of **\$100.00 for an annual rental or \$50.00 for a seasonal / monthly rental** (where a credit check will not be done), must be attached to the application NOT LESS THAN 14 DAYS (Saturdays, Sundays, holidays, and the date of receipt excepted) PRIOR TO THE DATE ACTION IS DESIRED OF THE ASSOCIATION (tenant occupancy date). In addition, **a copy of a valid driver's license (per applicant / occupant)**, State issued ID card or birth certificate and a **copy of the rental / lease agreement** must be furnished to the Association along with this completed application. Missing or incomplete information will cause the application to be returned without action. DO NOT REQUEST THAT ANY OF THESE REQUIREMENTS BE WAIVED, MODIFIED OR EXCEPTED AS THE ASSOCIATION IS WITHOUT THE AUTHORITY TO DO SO. This information is confidential 718.111(12) © 2 Florida Statutes.

✦ APPLICANT NAME, ADDRESS AND IDENTIFYING INFORMATION ✦

APPLICANT'S NAME (first, middle, last) _____ **PHONE #:** _____

BIRTH DATE: _____ **SOCIAL SECURITY NUMBER:** _____

APPLICANT'S NAME (first, middle, last) _____ **PHONE #:** _____

BIRTH DATE: _____ **SOCIAL SECURITY NUMBER:** _____

OTHERS WHO WILL OCCUPY THE UNIT (full or part-time):

NAME: _____ **BIRTH DATE:** _____

RELATIONSHIP: _____ **SOCIAL SECURITY NUMBER:** _____

NAME: _____ **BIRTH DATE:** _____

RELATIONSHIP: _____ **SOCIAL SECURITY NUMBER:** _____

PRESENT ADDRESS OF APPLICANT (S):

Street Number and Name: _____

City, State and Zip Code: _____

How long at this address: _____ (If less than 2 years, list previous address below)

PREVIOUS ADDRESS (If applicable)

Street Number and Name: _____

City, State and Zip Code: _____

How long at this address: _____

✦ VEHICLES TO BE KEPT AT MEADOWCROFT DURING RENTAL / LEASE PERIOD ✦

MAKE & MODEL: _____ YEAR: _____ TAG #: _____ STATE: _____

MAKE & MODEL: _____ YEAR: _____ TAG #: _____ STATE: _____

✦ MISCELLANEOUS INFORMATION ✦

HAS APPLICANT(S) RENTED PREVIOUSLY IN MEADOWCROFT? YES: _____ NO: _____

IF YES, WHEN AND WHERE: _____

✦ PET INFORMATION: DOG (breed, weight, dog's name): _____
CAT (breed, weight, dog's name): _____
OTHER (please describe): _____

PLEASE INCLUDE A PICTURE OF YOUR PET WITH MOST RECENT VACCINATION RECORDS

(The office will not proceed if one piece of information is missing)

✦ APPLICANT RESPONSIBILITIES, ATTESTATION AND SIGNATURE ✦

- I. The applicant(s) below agree to abide by all rules and regulations posted on Meadowcroft property, detailed in the Documents, and contained in the Manual for Owner's, Residents and Tenants.
- II. The applicant(s) below agree to restrict occupancy of a one-bedroom unit to a maximum of two persons: and the occupancy of a two-bedroom unit to a maximum of four persons.
- III. A tenant / lease may not sub-lease a Meadowcroft unit.
- IV. A tenant / lease should directly report any problems to the unit owner, who will contact the Association office as the need arises.
- V. A tenant / lease must provide to the Association their telephone number.
- VI. This application is not assignable.

I HEARBY CERTIFY that all the above information is correct. I authorize my current employer, any background information agency, or any state driver's license agency to furnish records of my service, background, driver's license, or residency information, together with all such other information as those agencies may have regarding me, whether on record or not, I further permit the Board of Administrators of Meadowcroft Condominium Association, Inc. to conduct such investigation as they deem appropriate and to obtain any record regarding me from any agency, and hereby forever release and discharge from claims of liability, actions and damages, compensation or otherwise, known or unknown, the Board of Administrators, its officers, agents and employees and all other persons acting on its behalf, any person or agency furnishing said information as a result of the investigation of this application or arising out of the disclosure of any information concerning the investigation of this application. A reproduced copy of this release shall be as valid as the original copy.

Applicant #1 Signature: _____ Printed Name: _____ Date: _____

Applicant #2 Signature: _____ Printed Name: _____ Date: _____

✦ OWNER RESPONSIBILITIES, ATESTATION AND SIGNATURE ✦

- I. The unit owner, at his expense, shall provide his tenant / lease with a current copy of the *Manual for Owners, Residents, and tenants*.
- II. The unit owner must surrender to the tenant / lease, the clubhouse key or other identifications provided by the Association. Owners agree that the tenant / lease will have the right to use Meadowcroft facilities, including the recreational facilities, during any rental period and the owner will not have use of such facilities, including the clubhouse for private parties.
- III. Owners have the ultimate financial responsibility for actions of their tenants and their tenant's guests. This includes costs of unreasonable wear and tear, theft, damage, defacing, or destruction of condominium property and for subsequent damage, restoration fines, fees, refurbishment costs, etc. incurred.
- IV. Owner's having six (6) months or less are required by law to register with the State of Florida, Department of Revenue Tax Division, and pay taxes for the rental use of their unit. The Association is required to supply this information as requested.
- V. The unit owner agrees that the Association may, in the unit owner's stead, deal with the tenant / leasee and any guest of the tenant in all matters governing the conduct of the tenant or guest as they relate to the common elements or the peace and dignity of the community.
- VI. By execution hereof, the unit owners and each of them, do hereby agree to indemnify and hold harmless the Association from all damages caused by any tenant / leasee occupying the unit owner's premises with the express or implied knowledge or consent of the unit owner or arising out of or in conjunction with any failure of responsibility pursuant to the Condominium Documents or Florida Law.
- VII. The owner attests that he / she has a working smoke detector outside each bedroom and 5 lb. ABC fire extinguisher currently in the unit. If the owner does not, the unit owner agrees to provide a working smoke detector and 5 lb. ABC fire extinguisher prior to the occupancy of the unit.

✦NOTE: No approval of this application shall be valid or binding unless this application is signed by all owners of the unit for which this application is submitted. Rental or leasing agents may not sign this application in lieu of any unit owner unless there is a legal Power-of-Attorney form on file in the Association office, thus allowing him / her the right to rent / lease said unit in the owner(s) absence. A rental agreement is not legal, binding Power-of-Attorney.

I hereby certify that I will abide by the above listed owner agreements. I further agree that I / we will hold Meadowcroft Condominium Association, Inc., its officers, agents, and employees harmless and forever release and discharge them from any claims, liability, actions for damages, compensation or otherwise, known, or unknown.

Owner # 1 Signature: _____ **Printed Name:** _____ **Date:** _____
Owner # 2 Signature: _____ **Printed Name:** _____ **Date:** _____
Owner # 3 Signature: _____ **Printed Name:** _____ **Date:** _____
Owner # 4 Signature: _____ **Printed Name:** _____ **Date:** _____

PLEASE DO NOT WRITE BELOW

✦ MEADWOCROFT CONDOMINIUM ASSOCIATION, INC. PORTION ✦

This application was received for processing on: _____ By: _____

Processing fee attached? _____ Check #: _____ Amount: \$ _____

✦ BOARD OF ADMINISTRATION APPROVAL ✦

THIS APPLICATION WAS APPROVED ON (date): _____

BOARD MEMBER

BOARD MEMBER