SEA RANCH CLUB "C"

4900 North Ocean Blvd Lauderdale by the Sea, FL 33308

Phones: (954)785-9504/(954)785-9505

Fax: (954)785-8970
Email: office@searanchc.com
Website: www.searanchc.com

APPLICATION FOR LEASE OF APARTMENT

- THIS APPLICATION AND ATTACHED APPLICATION FOR OCCUPANCY MUST BE COMPLETED IN DETAIL BY THE PROPOSED LESSEE. IF ANY QUESTIONS ARE NOT 1. -ANSWERED, THIS APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE ACCEPTED.
- ATTACH COPY OF THE LEASE TO THIS APPLICATION WHICH MUST INCLUDE THE 2.-STATEMENT "THIS LEASE IS CONTINGENT UPON THE APPROVAL OF SEA RANCH CLUB CONDOMINIUM ASSOCIATION, INC."
- ATTACH A CHECK FOR NON-REFUNDABLE FEE OF \$150.00 TO THIS APPLICATION, 3.-MADE PAYABLE TO SEA RANCH CLUB CONDOMINIUM ASSOCIATION, INC. (FEE IS WAIVED FOR A RENEWAL OF LEASE BETWEEN SAME LESSEE AND LESSOR OF SAME APARTMENT.)
- 4.-THE COMPLETED APPLICATION TOGETHER WITH THE NOTICE OF "INTENT TO LEASE" AND OTHER DOCUMENTS REQUESTED MUST BE SUBMITTED TO THE CONDOMINIUM OFFICE AT LEAST THIRTY (30) DAYS PRIOR TO THE DESIRED DATE OF OCCUPANCY.
- ALL APPLICANTS MUST MAKE THEMSELVES AVAILABLE FOR A PERSONAL INTERVIEW 5.-BY REPRESENTATIVES OF THE BOARD PRIOR TO FINAL APPROVAL. BOTH HUSBAND AND WIFE MUST APPEAR FOR INTERVIEW.
- NO LEASE SHALL BE FOR LESS THAN FOUR (4) CONSECUTIVE MONTHS NOR LONGER 6.-THAN ONE (1) YEAR. APARTMENTS MAY BE LEASED ONLY ONCE DURING A YEAR. IF LEASE IS TO BE RENEWED, AN "INTENT TO LEASE" AND APPLICATION ARE TO BE SUBMITTED FOR APPROVAL THIRTY (30) DAYS PRIOR TO EXPIRATION.
- LESSEES MUST BE MEMBERS OF A SINGLE FAMILY OR A SINGLE PERSON. A SINGLE FAMILY IS A HUSBAND AND WIFE AND THEIR CHILDREN LIVING WITH THEM OR A SINGLE PERSON AND HIS/HER CHILDREN LIVING WITH HIM/HER.
- NO PETS ALLOWED AT ANY TIME. 8.-
- 9.-OCCUPANCY PRIOR TO SEA RANCH APPROVAL IS PROHIBITED.

PLEASE PRINT OR TYPE

DATE	LEASETERM: FI	ROM	TO							
NAME OF OW	NER OF RECORD	APT.#	PARKING SPACE							
ADDRESS OF C	OWNER		PHONE							
NAME OF REA	ALTOR HANDLING LEASE		PHONE							
REALTOR'S ADDRESS										
	ed Lessee(s) (as name will appear or									
a		b								
Number of child	lren in family State names									
-	of those who will occupy apartment									
State the names	and relationships of guests who wil	l occupy apartment occasi	ionally:							
NAME	RELATIONSHIP	LENGTH OF STA	AY DATE OF BIRTH							

	WHEN					
	WHEN					
	WHERE_					
	DETAILS					
1.	I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to lease: a. I have read and will abide by all existing Rules and Regulations and any other Rules and Regulations that may be passed by SEA RANCH CLUB CONDOMINIUM ASSOCIATION in the future.					
	b. I understand that there is a restriction on pets and that I may not bring a pet nor may any guest or visitor bring a pet into the SEA RANCH CLUB, nor acquire one, either temporarily or permanently after I occupy the apartment.					
	 I understand that sub-leasing or occupancy of this apartment in my absence is prohibited. I understand that in my absence the only persons who can occupy the apartment or use the recreational facilities are those who permanently reside with me as a part of my immediate family as listed upon this application. 					
	e. I understand that any violations of these terms, provisions, conditions and covenants of the SEA RANCH CLUB CONDOMINIUM documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.					
	f. I understand that children under the age of four (4) are not permitted in the pool unsupervised. Guests of Lessees must also provide documentary proof of children's ages.					
	I understand that the acceptance for lease of any apartment unit at SEA RANCH CLUB is conditioned upon the truth accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of this application will result in an immediate rejection of this transaction. Other pertinent legal action will be taken if any misrepresentation or falsification of this application is discovered after taking occupancy of the apartment.					
	I understand that the Board of Directors of the SEA RANCH CLUB CONDOMINIUM ASSOCIATION may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or their Agent to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors and Officers of the SEA RANCH CLUB CONDOMINIUM ASSOCIATION itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.					
	PARKING SPACES: No parking will be provided by SEA RANCH CLUB other than the space assigned to said apartment. If applicant (s) intend (s) to keep more than one automobile on condominium premises and only one (1) parking space accompanies said apartment, a written guarantee showing that additional parking spaces (s) have been secured prior to occupancy will be required.					
ASSOC	ng the foregoing application, I am aware that the decision of the SEA RANCH CLUB CONDOMINIUM IATION will be final and no reason will be given for any action taken by the Board. I agree to be d by the determination of the Board of Directors.					
-	ouns, and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or s the identity of the person or persons or entity may require.					

APPLICANT _____

Date _____

Page 3. **SEA RANCH CLUB "C"** APPLICATION FOR LEASE OF APARTMENT # PLEASE PRINT OR TYPE - COMPLETE ALL QUESTIONS Desired date of occupancy _____ Lease ___ (how long) Date of Birth _____ Soc. Sec. # ____ () Single () Married Passport or I.D. # Date of Birth _____ Soc Sec # _____ Spouse Maiden Name Passport or I.D. No. Names and ages other adults (over 18) who will occupy: Names & birth dates of children who will occupy : ____ In case of emergency, notify:_ Address Phone # PART I - RESIDENCE HISTORY A. Present address ______ Dates of Residency _____ Landlord or Mortgagee _____ Phone _____ Address B. Previous Address ___ (Include y our apartment number) Apt. or Condo Name______ Dates of Residency_____ Landlord or Mortgagee ______ Phone _____ _____ Mtg. Nº____ Address C. Previous Address_____ (Include y our apartment number) Dates of Residency_____ Apt. or Condo Name ____ Phone ____ Landlord or Mortgagee ___Mtg. N°_____ PART II - EMPLOYMENT AND BANK REFERENCES A. Employed by____ _____ Phone____ (If retired, state former employment) _____Dept. Or Position_____ How long Address

B. Spouse's Employment_____

Address

How long______Dept. Or Position_____

_____Phone_____

C.	Bank reference or other Financial Institution							
	How long	Account	N°			_(CK or SV)		
	Address			Phone				
D.	Bank reference or other Financial Institution							
	How long	Account N°			(CK or			
	Address		Phone					
			CHARACTER RE					
1.	NameResido		Residence#	Office#				
2.	Name		Residence#		Office#			
3.	Name	NameResidence#		Office#				
		ncluding company car						
MakeType		Type	Year	License Plate #				
		NOTE: LEASE AP PARKING SPACES						
Owner Driver's License N°			State	Expires				
Spouse Driver's License N°			State	Expires				
Ass	sociation will not be li	legible or is not comp able or responsible for d by such illegibility o	any inaccurate info	•		•		
info	ormation supplied by e investigation may b	nt recognizes that the the the applicant and a formation of the application in the	ull disclosure of po nt's character, ge	ertinent facts i neral reputation	nay be made to the	e Association ecteristics and		
Çi.	natura		Siam	nturo				

Applicant's Spouse

Applica nt

ALL PARTS OF THESE FORMS ARE REQUIRED - DO NOT CUT OR SEPARATE THEM

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency.

APPLICANT INFORMATION DESIGNATED PARTY: I hereby waive any privileges I may have with respect to the said information in reference to the release to the aforesaid party(s). Photocopies of this Authorization may be made to facilitate multiple inquiries, in the event you do receive a photocopy of this Authorization. It should be treated as an original and the requested information should be released to facilitate my/our application for residency. (Applicant's Signature) (Applicant's Name Printed) (Applicant's Signature) (Applicant's Name Printed) DATE AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION I have named you as a reference on my application for residency. You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency. **DESIGNATED PARTY: APPLICANT INFORMATION** I hereby waive any privileges I may have with respect to the said information in reference to the release to the aforesaid party(s). Photocopies of this Authorization may be made to facilitate multiple inquiries, in the event you do receive a photocopy of this Authorization. It should be treated as an original and the requested information should be released to facilitate my/our application for residency. (Applicant's Name Printed) (Applicant's Signature) (Applicant's Signature) (Applicant's Name Printed) DATE_ AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION I have named you as a reference on my application for residency. You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency. **DESIGNATED PARTY:** APPLICANT INFORMATION. I hereby waive any privileges I may have with respect to the said information in reference to the release to the aforesaid party(s). Photocopies of this Authorization may be made to facilitate multiple inquiries, in the event you do receive a photocopy of this Authorization. It should be treated as an original and the requested information should be released to facilitate my/our application for residency. (Applicant's Signature) (Applicant's Name Printed) (Applicant's Signature) (Applicant's Name Printed)

DATE