

**45 Ocean Condominium  
4511 SOUTH OCEAN BOULEVARD  
HIGHLAND BEACH, FL 33487-4276  
561-272-7001      FAX (561)272-2062  
E-MAIL: FortyFiveOcean@aol.com**

**ATTENTION:                      Board of Directors, 45 Ocean Condominium**

In accordance with Declaration of Condominium of 45 Ocean Condominium, you are hereby notified that I desire to accept the Bona Fide offer made to me by \_\_\_\_\_ to lease my private unit #\_\_\_\_, address \_\_\_\_\_ South Ocean Boulevard, assigned Parking Space #\_\_\_\_. I am aware of the fact that the Board of Directors has a period of 30 days in which to process this application. Tenants will be supplied with the 45 Ocean Condominium Documentation by the Owner of Record.

Owner's Signature: \_\_\_\_\_                      Date \_\_\_\_\_

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**APPLICATION OF PROSPECTIVE TENANT**

In order for you to facilitate consideration of my/our application for the lease of the above named unit in 45 Ocean Condominium, I/We represent that the following information is factual and true. I/We consent that you may make further Inquiry concerning this Application, particularly of the references given below. **NO TENANTS OR GUESTS ARE PERMITTED PETS. A PERSONAL interview is required prior to Approval and Occupancy.** The date and time for a personal interview will be set by the Board of Directors.

**INTERVIEWS ARE SCHEDULED AFTER ASSOCIATION'S RECEIPT OF BACKGROUND REPORT.**

**Please attach:**

- 1. **Copy of Signed Lease Agreement**
- 2. **Check for \$100.00 processing fee from Tenant to 45 Ocean Condominium, Inc.**
- 3. **Copy of Current Driver's License or Picture Identification Card.**

**INSTRUCTIONS:**

**The following must be completed by the Prospective Tenant(s).** Print legibly or type. Be sure to provide complete addresses and telephone numbers where required. If any item is not answered or left blank, this application will be returned and not approved.

This application must be completed, signed and returned to the Board of Directors before your interview date.

**Full Name of Tenant** \_\_\_\_\_ Age \_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

Occupation (even if retired) \_\_\_\_\_ How Long \_\_\_\_\_

**Full Name of Spouse:** \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_

**Name and relationship of all other persons who will be occupying the apartment**

**regularly:**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Age** \_\_\_\_\_

**Person to be notified in case of emergency:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Make of Car:** \_\_\_\_\_ **Year** \_\_\_\_\_ **License#** \_\_\_\_\_ **State** \_\_\_\_\_

**Make of Car:** \_\_\_\_\_ **Year** \_\_\_\_\_ **License#** \_\_\_\_\_ **State** \_\_\_\_\_

**Mail Approval Notice to:** \_\_\_\_\_ **Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**PART 1: OCCUPANCY DATA:** \_\_\_\_\_ **Date of Expected Occupancy** \_\_\_\_\_

**PART II: RESIDENCE HISTORY**(Last 10 Years)

**Present Address:** \_\_\_\_\_ Phone \_\_\_\_\_

OWN \_\_\_\_\_ or RENT \_\_\_\_\_

Apartment or Condo Name \_\_\_\_\_

Dates of Residency: \_\_\_\_\_

Landlord or Mortgagee: \_\_\_\_\_

Phone \_\_\_\_\_ Address: \_\_\_\_\_

Length of Occupancy \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

Apt No.: \_\_\_\_\_ OWN \_\_\_\_\_ or RENT \_\_\_\_\_

Apartment or Condo Name \_\_\_\_\_

Dates of Residency: \_\_\_\_\_

Landlord or Mortgagee: \_\_\_\_\_

Phone \_\_\_\_\_ Address: \_\_\_\_\_

Length of Occupancy \_\_\_\_\_

**Additional Addresses should be listed on a separate sheet.**

**PART III      EMPLOYMENT REFERENCES**

**Employed by (Business Name)** \_\_\_\_\_ Phone \_\_\_\_\_

How Long \_\_\_\_\_ Dept or Position \_\_\_\_\_ Monthly Income \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Spouse's Employment:** \_\_\_\_\_ Phone \_\_\_\_\_

How Long \_\_\_\_\_ Dept or Position \_\_\_\_\_ Monthly Income \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PART IV TWO PERSONAL REFERENCES: (CANNOT BE RELATIVES)**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_, **State** \_\_\_\_\_ **City:** \_\_\_\_\_, **State** \_\_\_\_\_  
**Zip:** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**How do you plan to use the unit?**

**Rent Annually** \_\_\_\_\_ **Rent Seasonally** \_\_\_\_\_

**Has Applicant Ever Been Convicted of Any Crime:** Yes \_\_\_\_\_ No \_\_\_\_\_

**If answer is yes, Please specify:** \_\_\_\_\_

**What was the charge or charges:** \_\_\_\_\_

**Disposition of Case or Cases:** \_\_\_\_\_

As a prospective tenant, I understand that to secure a community of compatible residents and as

mandated by the Condo Documents, a personal interview with a committee of the Board of Directors during normal business hours will be required prior to approval & occupancy and that the Condo Association relies upon the information contained on this application and will make such investigation as it may deem necessary and tenant agrees that the information herein provided may be used for that purpose.

- A. It is further agreed that the Association shall have the right to reject this application for any cause whatever and shall incur no liability in connection with such rejection.
- B. Notice will be mailed to the Owner, or designated assignee listed above, within a thirty (30) day period, and it shall be sufficient notice of either acceptance or rejection of this application.

**I/We agree to abide by 45 Ocean Condominium Documents and House Regulations.**

\_\_\_\_\_  
**Initials**

In witness whereof I hereby sign this Application this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
Prospective Tenant Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Prospective Tenant Signature

\_\_\_\_\_  
Witness

**ACTION TAKEN BY BOARD OF DIRECTORS - APPROVED [    ]**  
**DISAPPROVED [    ]**

BOARD OF DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

BOARD OF DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

**BROWN'S BACKGROUND CHECKS**  
**CONSENT TO OBTAIN CONSUMER REPORT ON APPLICANT(S)**  
**45 Ocean Condominium Association, Inc**

I (We) understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4<sup>th</sup> floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

\_\_\_\_\_ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

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**Notice to CALIFORNIA Applicants**

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

**APPLICANT:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Driver's Lic. # and State** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Previous Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**SPOUSE:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Driver's Lic. # and State** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Previous Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date Signed** \_\_\_\_\_