

**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 #\_\_\_\_\_. The term of the lease is from \_\_\_\_\_ to \_\_\_\_\_ inclusive. I am aware of the fact that the Board of Directors has a period of 30 days in which to process this application.

Date: \_\_\_\_\_

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

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

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**Owner and Tenant Agree That Lease Shall Be Subject to All the Provisions of the Condominium Documents.**

**APPLICATION OF PROSPECTIVE LESSEE**

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. Children under 12 years of age are not permitted to use condominium facilities without adult supervision. **NO TENANTS OR GUESTS ARE PERMITTED PETS.** No children under 3 years of age or in diapers are permitted in the pool. A **PERSONAL** interview is required. Final approval of the Lease is subject to a personal interview by the Board of Directors. Date and time for 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 Lease Agreement
- [ ] 2. Check for \$200.00 by Lessee to 45 Ocean Condominium. Enclosed for processing.
- [ ] 3. Copy of Current Driver's License or Picture Identification Card.

**INSTRUCTIONS:**

**The following must be completed by the Prospective Lessee(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 Lessee** \_\_\_\_\_

Age \_\_\_\_\_ **Contact Phone Number** \_\_\_\_\_

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 10yrs)**

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

Own \_\_\_\_\_ Rent \_\_\_\_\_

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

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

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

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

Mortgage No. \_\_\_\_\_

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

Apt No.: \_\_\_\_\_ Apartment or Condo Name \_\_\_\_\_

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

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

Phone \_\_\_\_\_

**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 \_\_\_\_\_

Zip: \_\_\_\_\_ Phone # \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

**PART IV PERSONAL REFERENCES (Non-relative)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone # \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

**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:** \_\_\_\_\_



**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 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, under 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:**

**SPOUSE:**

<b>Name</b> _____	<b>Name</b> _____
<b>Address</b> _____	<b>Address</b> _____
<b>Driver's Lic. # and State</b> _____	<b>Driver's Lic. # and State</b> _____
<b>Social Security #</b> _____	<b>Social Security #</b> _____
<b>Date of Birth</b> _____	<b>Date of Birth</b> _____
<b>Previous Address</b> _____	<b>Previous Address</b> _____
<b>Signature</b> _____	<b>Signature</b> _____
<b>Date Signed</b> _____	<b>Date Signed</b> _____