



Application for Approval of Rental and Occupancy

4141 Ocean Drive. Vero Beach FL 32963

C/O Elliott Merrill Community Management

835 20th Place, Vero Beach FL, 32960

Phone (772) 569-9853 Ext. 102, Fax (772) 569-4300

jonnas@elliottmerrill.com

Instructions:

1. If applicants are not legally married, an application for each person must be completed.
 2. Print legibly or type all information. Account, telephone numbers, and complete addresses are required.
 3. If any question is not answered, this application may be returned, not processed, or not approved.
 4. *Missing information will cause delays in processing your application.*
 5. Only the applicants are authorized to sign all forms.
 6. *Any misrepresentation or falsification of information will result in your disqualification*
 7. **Application fee: Check made payable to The Bay Island Club in the amount of \$100 per married couple and/or unmarried adult.**
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Circle ONE: Purchase / Lease

Date: _____

Property Owner _____

Address _____

Rental period or closing date: _____

Occupant # 1

Name _____

Phone: _____

Date of Birth: _____

Social Security: _____

Driver's License: _____

Email: _____

Occupant # 2

Name _____

Phone: _____

Date of Birth: _____

Social Security: _____

Driver's License: _____

Email: _____

Number of people who will live here: Adults (Over 18): _____ Children (Under 18): _____

Please provide all names and ages of additional occupants in the unit:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will this be your year-round address? (Check one): Yes _____ No _____

If no, please provide:

an alternative address and estimated periods of residency. _____

Street _____ Apt. _____ City _____ State _____ Zip _____

IN CASE OF AN EMERGENCY PLEASE CONTACT:

Name	Relationship	Phone Number
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Vehicle Information

Make	Model	Year	Color	Plate #	State
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Make	Model	Year	Color	Plate #	State
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Make	Model	Year	Color	Plate #	State
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Make	Model	Year	Color	Plate #	State
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Residential History:

Present Address: _____ How long: _____

Landlord/Lender Name: _____ Phone: _____

Prior Address _____ How long: _____

Prior Address _____ How long: _____

Purchasers only

PET INFORMATION:

Will you be bringing a pet? (CIRCLE ONE) YES / NO

If yes, please provide supporting documents and descriptions of pets.

Description of pets

Breed	Color	Weight
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Breed	Color	Weight
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