**HARBOR VIEW AT THE MOORINGS ASSOCIATION, INC.**

c/o Elliott Merrill Community Management, Inc.

835 20th Place, Vero Beach, FL 32960

Phone: (772) 569-9853 Fax: (772) 569-4300

**APPLICATION FOR RENTAL/GUEST**

*Please fill out application completely and legibly.*

***The $50 application fee will be waived if this form is presented more than 7 days in advance of date of lease commencement***

Current Owner: Bldg. #: Apt. #:

Owner Telephone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term of Rental / Lease or Guest Stay: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_

Name of Co-Applicant (if applicable):

Address:

City: State: Zip code:

Applicant Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Additional Occupant(s):

Emergency Contact Name & Phone Number:

Vehicle Information (make/model of vehicle, license tag # and state of license tag):

# of vehicles \_\_\_\_\_\_

Vehicle #1:

Vehicle #2:

**I / WE HAVE UNDERSTAND THT IT IS THE RESPONSIBILITY OF THE INDIVIDUAL OWNERS OR THEIR REPRESENTATIVES TO ENSURE TENANTS AND GUESTS ABIDE BY THE HARBOR VIEW RULES AND REGULATION POLICY. BY SIGNING BELOW SIGNIFIES THAT I / WE HAVE BEEN PROVIDED A COPY OF THE RULES AND REGULATION POLICY TO THE TENANT AND/OR GUEST.**

Owner / Agent Signature:

Approved By: Title:

Date: