

SOMERSET BAY CONDOMINIUM ASSOCIATION, INC.

(the "Association")

c/o Elliott Merrill Community Management

835 20th Place, Vero Beach, FL 32960

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

APPLICATION FOR LEASE AND APPROVAL

In accordance with Article X, Section B of the Association's condominium declaration, as amended, no unit that was acquired on or after **July 15, 2024**, may be leased, and no unit acquired before July 15, 2024, may be leased for a term of less than 6 months. Additional leasing restrictions, as set forth in the Association's condominium declaration as amended, may also apply. Furthermore, applicants are hereby given notice that the Association has standing to pursue an eviction, amongst other remedies, should a person reside in a unit in violation of the condominium declaration and/or without an approved lease.

NOTE: This application must be accompanied by a copy of the proposed Lease Agreement and an application fee of \$150.00, inclusive of a background check, made payable to Somerset Bay Condominium Association, Inc. Prior to approval, the Association's Board of Directors may require an interview of the applicant(s).

Date: _____

Building #/Unit # _____ Current Owner's Name _____

Name of Applicant _____

Name of Co-Applicant _____

Present Address _____

Phone 1: _____ Phone 2: _____

Email(s): _____

Date of Lease (minimum of 6 months): _____

1. **Applicant's Present or former Occupation:** _____

Nature of Business or Profession: _____

Business Address: _____

2. **Co-Applicant's Present or Former Occupation:** _____

Nature of Business or Profession: _____

Names of all persons who will reside in leased unit: _____

Pets (Y or N) _____ Total # _____ Type: _____

Please note the restrictions regarding pets in the Rules and Regulations

Applicant's Club Affiliations (past and present)

1. _____

2. _____

Co Applicant's Club Affiliation's (past and present)

1. _____

2. _____

Applicant's Schools and Colleges Attended and Degrees Awarded

1. _____

Name City/State Degree

2. _____

Name City/ State Degree

Personal references (local residents, if possible):

1. _____

Name City/ State Telephone

2. _____

Name City/ State Telephone

Business References (include on current banking reference):

1. _____

Name City/State Telephone

2. _____

Name City/State Telephone

I represent that the above information is complete and is also true as well as accurate and I give my full authorization to obtain my Credit Report, Criminal History Records, and Eviction Records as well as to otherwise verify the information contained in this application.

I further state that I have read, understand, and will abide by the terms and provisions of the Declaration of Condominium establishing Somerset Bay, a Condominium, the Association's the Articles of Incorporation, the By-Laws of Somerset Bay Condominium Association, Inc., and the Association's Rules and Regulations, each as amended from time to time.

Applicant's Signature

Co Applicant's Signature

**Please forward the completed application, sale/rental contract and application fee to: Somerset Bay Condominium Association, Inc.
c/o Elliott Merrill Community Management
835 20th Place, Vero Beach FL 32960
Email: naomil@elliottmerrill.com**

For Association Use Only

Application received on the ____ day of _____, _____

Date of Interview: _____ Initials: _____

Approved by the Board of Administration: _____
Signature Title

INSTRUCTIONS:

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6- Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink)

Purchase _____ or Lease _____ (How long)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____

Date _____ 20____ Desired date of occupancy _____

Name (Mr./Mrs. /Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

[] Sngl. [] Married [] Widow(er) [] Sep. _____ [] Div. _____ Maiden Name _____
(How long) (How long)

Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy:

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____
Name Address Telephone

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

B. Previous Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

C. Prior Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

B. Spouse's Employment (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

C. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

D. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

PRINT OR TYPE (Use Black Ink)

CHARACTER REFERENCES

1. _____
Name Address Phone (Residential & Office)

2. _____
Name Address Phone (Residential & Office)

3. _____
Name Address Phone (Residential & Office)

Driver's Lic. No. #1 _____ #2 _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or its agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Signature _____
Applicant Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure the Authorization Form is completed as indicated.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

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 its 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)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____