

**OCEANS WEST ONE CONDOMINIUM ASSOCIATION, INC.**  
**One Oceans West Blvd., Daytona Beach Shores, FL 32118**  
**(386) 767-9378**

June 15, 2011

Dear Unit Owners:

We are currently in the process of updating our records on each rental lease unit within the Oceans West One Condominium. These changes will be effective August 1, 2011.

Our major concern is for the health, safety, and security of all those in residence and especially for the protection of your personal investment and the investment of other owners. Primarily, this RENTAL LEASE APPLICATION is needed in case of an emergency (i.e. medical, fire, hurricane, storm damage, or if an evacuation of the condominium is required). And, in case of an emergency, it would be especially helpful to know if there are any disabled/ handicapped and/or persons with special needs residing within the rental lease unit that may require a particular kind of assistance.

We ask that the RENTAL LEASE APPLICATION be completed for each unit that you rent/lease. You are expected to return each application to the Oceans West One Condominium Association office with copies of a TENANT CERTIFICATION FORM; a legible, signed, and dated Rental Lease Agreement; a picture I.D., or passport/visa; and a non-refundable fee of \$75.00 required to defer the cost of a Security Check on each adult person that will reside within the unit. The fee is required to defer the cost of a security check by a third party. This information will be placed in the unit's file folder for the exclusive use of the Association.

For those Tenants, who have previously leased a unit within the condominium, they will submit the RENTAL LEASE RENEWAL APPLICATION. Approval for a rental lease renewal will be granted at the sole discretion of the Board of Directors based on prior satisfactory record of occupancy. There will be no charge for the RENTAL LEASE RENEWAL APPLICATION. Failure to follow the proper rental procedure may result in the lease being terminated and/or a fine of \$100.00 charged. Owners must submit a GUEST REGISTRATION FORM for any authorized Guests who will use their unit without receiving rent or compensation value for the use of their unit.

Periodically, you may be asked to update your rental lease file, if and when such determination is deemed necessary or there has been a change in the rental lease status of your unit.

Thank you for your cooperation.

Barbara Miles  
President

(3)

UNIT NO. \_\_\_\_\_ PARKING SPACE NO. \_\_\_\_\_ STORAGE BIN NO. \_\_\_\_\_

**OCEANS WEST ONE CONDOMINIUM ASSOCIATION, INC.**

**RENTAL LEASE APPLICATION**

A Unit Owner Rental Lease Application for each unit that you own within the Oceans West One Condominium must be approved and on file. A Tenant that has been approved is not permitted to have a Roommate unless said Roommate pays \$75.00 for a Security Check and has also been approved by the Board of Directors. All information provided is confidential Florida Statutes (718.11(12)). Social Security Numbers will be removed from the application once the Security Check is completed.

NAME(S) OF TENANTS/CO-TENANTS: \_\_\_\_\_ (2)  
[1] \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone/Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

[2] \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone/Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER PERSONS THAT WILL RESIDE WITHIN THE RENTAL LEASE UNIT:**

Full Name	Age	M/F	Relationship to Tenants/Co-Tenants

**LIST ALL THOSE RESIDING WITHIN THE RENTAL LEASE UNIT WITH SPECIAL NEEDS:**

Name	Age	Kind or Type of Need

**LIST EACH PET THAT WILL BE LIVING WITHIN THE RENTAL LEASE UNIT:**

Type of Pet	Weight (lbs.)	Description: Breed, color, marking, etc.

**LIST OF PERSONS WHO MAY NEED TO BE CONTACTED IN CASE OF AN EMERGENCY:**

Name	Address	Phone Number

**NUMBER OF KEYS TO BE DISTRIBUTED TO TENANTS:**

Common Area Key: \_\_\_\_\_ Key to Unit: \_\_\_\_\_ Garage Door Opener: \_\_\_\_\_ Mailbox Key: \_\_\_\_\_

**LIST THE MOTOR VEHICLES THAT WILL BE PARKED ON CONDO PROPERTY**

Make	Model	Registration No.	State

**DATES UNIT IS TO BE RENTED:** From \_\_\_\_\_ To \_\_\_\_\_

**REALTOR/PERSON/COMPANY TO BE RESPONSIBLE FOR RENTING THIS UNIT:**

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

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

=====

I/we certify that the Tenant(s) have been briefed on the Condominium Rules and Regulations and have received a copy of same. It is understood that failure to so may result in the termination of the lease. Also, I/we certify (3) that it is to the best of my/our knowledge, understanding, and belief that all of the information provided on this form and included on all the attachments is complete, correct, and accurate.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner

## OCEANS WEST ONE CONDOMINIUM ASSOCIATION, INC.

### RENTAL LEASE APPLICATION

UNIT \_\_\_\_\_

The management of the Oceans West One Condominium Association verifies that the Rental Lease Application and attachments have been reviewed with the owner and found to be in order:

**Attached were copies of:**

\_\_\_\_\_ A signed and dated Tenant Certification Form

\_\_\_\_\_ A driver's license, picture I.D. and or passport/visa for each Tenant and Adult that will be residing within the Unit.

\_\_\_\_\_ A legible, signed, and dated Rental Lease Agreement.

\_\_\_\_\_ A standard application fee of \$75.00 received for each Tenant and Adult that will be residing within the unit.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Oceans West One Manager

---

The Rental Lease Application has been approved by the Board of Directors:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of President of the Board of Directors

**OCEANS WEST ONE CONDOMINIUM ASSOCIATION, INC.**

**RENTAL LEASE RENEWAL APPLICATION**

This Application is to be used by Unit Owners for those tenants who have previously leased a unit located within the Oceans West One Condominium in lieu of the a Rental Lease Application. Approval of this Rental Lease Renewal Application will be granted only at the sole discretion and approval of the Board of Directors, and is conditioned upon the Tenants prior satisfactory record of occupancy at Oceans West One Condominium. No fees for a lease renewal will be charged.

**Names Tenants/Co-Tenants:**

[1] \_\_\_\_\_

[2] \_\_\_\_\_

**Rental Lease Period: From** \_\_\_\_\_ **To** \_\_\_\_\_

\* A copy of a legible signed and dated Rental Lease Agreement must be attached.

**Unit Owner Rental Lease Application Update (Indicate any changes)**

[1] \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Phone/Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **How Long Employed:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

[2] \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

Phone/Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER PERSONS THAT WILL RESIDE WITHIN THE RENTAL LEASE UNIT:**

Full Name	Age	M/F	Relationship to Tenants/Co-Tenants

I/we certify that the Tenant(s) have been briefed on the Condominium Rules and Regulations and have received a copy of same. It is understood that failure to so may result in the termination of the lease. Also, I/we certify that it is to the best of my/our knowledge, understanding, and belief that all of the information provided on this form and included on all the attachments is complete, correct, and accurate.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner

---

Oceans West One Condominium Association Management verifies that the Tenant Rental Renewal Application has been reviewed with the owner and found it to be in order:

**Attached were copies of:**

\_\_\_\_\_ A driver's license, picture I.D. and or passport/visa for each adult that will reside within the Unit.

\_\_\_\_\_ A legible, signed, and dated Rental Lease Agreement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Oceans West One Manager

---

(7)

(8)

Tenant Rental Lease Renewal Request Application has been approved by the Board of Directors:

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
President of the Board of Directors

**OCEANS WEST ONE CONDOMINIUM ASSOCIATION, INC.**

**GUEST REGISTRATION FORM**

**Names of Unit Owners:**

[1] \_\_\_\_\_ [2] \_\_\_\_\_

**Unit Number:** \_\_\_\_\_ **Unit Phone/Cell Phone:** \_\_\_\_\_

**Guests:**

Full Name of Guest	Age	M/F	Relationship to Owners

**Dates Guest will be at Unit: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Unit owners Confirmation:**

The Unit Owner(s) confirm that the Guest(s) listed on this Guest Registration Form are permitted to use the unit at Oceans West One Condominium for the dates indicated and that said Guest(s) are paying no compensation to the Unit Owners, such as rent and/or compensation value for the use of above said Unit.

The Unit Owners confirm that the guest(s) listed on this Guest Registration Form have received a copy of the current Condominium Rules and Regulations.

**Unit Owners Authorization Signature:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Owner

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Owner**

Oceans West One Condominium Association Management has reviewed the Guest Registration Form and found it to be in order:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Oceans West One Manager

**OCEANS WEST ONE CONDOMINIUM ASSOCIATION, INC.**

**TENANT CERTIFICATION FORM**

I/we certify that I/we have been briefed on the Condominium Rules and Regulations and received a copy of same. I/we understand that failure to abide by the Condominium Rules and Regulations may result in the termination of the lease and that any cost incurred due to violations of the Condominium Rules and Regulations will be at the Tenant(s) expense.

I/we give permission for the Oceans West One Condominium Association, Inc. to obtain a Security Check by a third party prior to the Rental Lease Application approval and that such said report may be grounds for the disapproval of the Rental Lease Application.

I/we discharge from any claims, liability, actions, and damages, compensation or otherwise known or unknown the Board of Directors of the Oceans West One Condominium Association, Inc. its officers, Community Association manager, employees and all other persons acting on its behalf, any person or agency furnishing information as a result of any investigation related to the Rental Lease Application or arising out of any disclosure of any information concerning this Rental Lease Application. It is my understanding that all Social Security Numbers will be removed from the application once the Security Check is completed.

I/we certify that it is to the best of our knowledge, understanding, and belief that all of the information provided the owner are complete, correct, and accurate. I/we understand that an interview meeting with the Board of Directors or their representative may be required prior to final approval of the Rental Lease Application.

[1] \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Tenant Applicant

(2) \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Co-Tenant Applicant