



**Oceans West Condominium Association, Inc. One Oceans West Blvd.
Daytona Beach Shores, FL 32118 - Phone 386-767-9378 - Fax 386-767-8225**

Each Tenant to Provide:

- 1. Front and back copy of driver's license**
- 2. Locators Background Check Application**
- 3. \$75 payment**
- 4. Fully Executed Lease Agreement.**
- 5. Oceans West One Rental/Lease Application.**
- 6. Tenant Certification Form.**

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Oceans West One Condominium Association

One Oceans West Blvd.

Daytona Beach Shores, FL 32118

Office: (386)-767-9378

Fax: (386)-767-8225

Web: www.oceanswestone.com

Email: ManagerOceansWest1@gmail.com

LOCATERS INTERNATIONAL, INC.®



2435 S. Ridgewood Ave., South Daytona, FL 32119

Telephone: 386-756-6100
Toll Free: 1-877-595-6100

Fax: 386-760-6400
Toll Free: 1-800-410-5665

SALES/RENTAL/LEASE DISCLOSURE CONSENT APPLICATION

The below requested information is necessary in order to acquire public information records necessary to process your application. Please **PRINT** neatly to avoid any delays.

Name (full legal name): _____

Any other names you have used:
(Include maiden name, abbreviations, and aliases) _____

Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number:
(Include State) _____

Person or Company Requesting this Report: _____

I hereby give consent for Locaters International, Inc. and/or their agents to perform an investigative consumer report to be prepared to determine my eligibility for tenancy. I understand that this report may include information about me obtained from Law Enforcement Agencies, State Agencies, consumer credit reports, and social security information, as well as Public Records information such as criminal history information and civil records such as are allowed by law. I also attest that the above supplied information was given voluntarily and I understand that it is to be used for the purposes of verifying my identity in acquiring public information and for *no other purposes*.

Signature _____

Date _____



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

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:

[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:

| <u>Full Name</u> | <u>Age</u> | <u>M/F</u> | <u>Relationship to Tenants/Co-Tenants</u> |
|------------------|------------|------------|---|
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LIST ALL THOSE RESIDING WITHIN THE RENTAL LEASE UNIT WITH SPECIAL NEEDS:

| <u>Name</u> | <u>Age</u> | <u>Kind or Type of Need</u> |
|-------------|------------|-----------------------------|
| | | |
| | | |
| | | |

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

| <u>Type of Pet</u> | <u>Weight (lbs.)</u> | <u>Description: Breed, color, marking, etc.</u> |
|--------------------|----------------------|---|
| | | |
| | | |
| | | |

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

| <u>Name</u> | <u>Address</u> | <u>Phone Number</u> |
|-------------|----------------|---------------------|
| | | |
| | | |
| | | |

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

| <u>Make</u> | <u>Model</u> | <u>Registration No.</u> | <u>State</u> |
|-------------|--------------|-------------------------|--------------|
| | | | |
| | | | |
| | | | |

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 do 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, 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

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] _____
Signature of Tenant Applicant

_____ Date

(2) _____
Signature of Co-Tenant Applicant

_____ Date