

APPLICATION FOR TENANT OCCUPANCY OF UNIT

GOLDEN STRAND APARTMENTS, INC., A CONDOMINIUM

c/o Sunstate Management Group  
P.O. Box 18809, Sarasota, FL 34276  
Tel: 941.870.4920 / Fax: 941.870.9652

**TO BE COMPLETED BY ALL TENANT(S) (Defined as any person other than Owner's spouse, parents, siblings and their descendants):**

The undersigned **Applicant(s)** hereby certify that all information in this Application for Tenant Occupancy of Unit of Golden Strand Apartments, Inc. is true, correct and complete (all information must be complete and clearly legible):

Tenant Applicant: (Print All Legibly)

Tenant Applicant: (Print All Legibly)

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

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

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

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

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Tel. \_\_\_\_\_

DOB: \_\_\_\_\_ Tel. \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_

If your answer is "yes", please state complete information on the reverse of this page.

Driver Lic. State: \_\_\_\_\_ No. \_\_\_\_\_ Driver Lic. State: \_\_\_\_\_ No. \_\_\_\_\_

**Motor Vehicle (Limited to One(1) ONLY Per Unit Parked on the Premises):**

Type (Sedan,SUV,etc.) \_\_\_\_\_ & Total Length(Max 19.5 ft) \_\_\_\_\_ (See Rules and Regulations)

Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Lic.No./State: \_\_\_\_\_

(Golden Strand bicycle ID numbers are issued upon request when you arrive on the premises if you do not have one from earlier visits. See bulletin boards for more information.)

Bicycle Make: \_\_\_\_\_ Color: \_\_\_\_\_ Police or Golden Strand IDNo. \_\_\_\_\_

2<sup>nd</sup> Bicycle Make: \_\_\_\_\_ Color: \_\_\_\_\_ Police or Golden Strand ID No. \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

Name: \_\_\_\_\_ Tel. \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Tel. \_\_\_\_\_

Relationship: \_\_\_\_\_

### APPLICATION FOR TENANT OCCUPANCY OF UNIT

We understand and agree we must promptly update this information when/if we plan to change the vehicle or bicycles listed on this application, or there is change in any other information above.

**We certify we have read and understand the Condominium Rules for Non-Owners of Golden Strand,** especially those concerning no pets, occupancy limits, trash and recyclables procedures, laundry, bicycles, motor vehicles, parking, pool and other common areas, and agree that we will strictly comply with them. We understand that no Owner shall lease, loan or permit occupancy of their unit without first **submitting this application at least 30 days before the date of proposed occupancy and obtaining approval** of the Board of Directors or its authorized committee, and no Tenant shall use the Unit for any use other than a single family residence and in **full compliance with the Condominium Rules for Non-Owners of Golden Strand.** Sub-leasing is strictly prohibited and persons may not occupy the Unit during the tenancy when Tenant(s) are not in residence.

Tenant/Applicant Signature: \_\_\_\_\_ Tenant/Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Tel No. \_\_\_\_\_ Date: \_\_\_\_\_ Tel No. \_\_\_\_\_

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#### TO BE COMPLETED BY OWNER/AGENT:

The undersigned **Owner(s)**, personally or acting through their authorized licensed Florida Real Estate Agent identified below, request Board of Directors approval to lease/loan Golden Strand Unit No. \_\_\_\_\_, located at \_\_\_\_\_, and assigned parking space No. \_\_\_\_\_, to the **Tenant(s)** described above. The proposed **Lease/Loan Term** shall begin on \_\_\_\_\_, 20\_\_\_\_ (more than 30 days after complete application is received by Management) and end on \_\_\_\_\_, 20\_\_\_\_. This Application is based upon **all facts** stated herein, **which I certify are true and correct, and Owner (and Agent) are acting in full compliance with the Golden Strand Rules and Regulations** to the best of my knowledge and belief after due inquiry. There has been no more than one other Tenant (whether by Lease or Loan) who has occupied, or will occupy, this unit during the twelve (12) month period beginning July 1 of the year during which this proposed lease/loan term occurs. The total occupancy by both Tenants/Occupants will not exceed 182 days. This includes any occupant of the Unit other than Owner, Owner's spouse, parents, siblings and the descendants of any of them. The Owner/Agent certifies that all necessary liability and casualty insurance, including coverage for rental risks, is in effect and will remain in effect for the term of this lease, and agrees that all contact information provided to Golden Strand shall be kept current.

**Owner/Agent Signature:** \_\_\_\_\_ **Print Owner Name:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_ **Agent Name:** \_\_\_\_\_ **FL License No:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Real Estate Firm Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Agent Mobile No.** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** This fully completed application must be timely submitted to Golden Strand Apartments, Inc., A Condominium, c/o Sunstate Association Management Group, Inc. at the above address.

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**APPLICATION FOR TENANT OCCUPANCY OF UNIT**

Golden Strand Unit No. \_\_\_\_\_ Assigned parking space No. \_\_\_\_\_

Beginning of Proposed **Lease/Loan Term:** \_\_\_\_\_, 20\_\_\_\_

End of Proposed Lease/Loan Term: \_\_\_\_\_, 20\_\_\_\_

**Board of Directors or Lease Committee Decision/Action:**

If approved, this Application is approved subject to all applicable Rules and Regulations of Golden Strand, and in reliance on the accuracy of all information stated herein.

Disapproved: \_\_\_\_\_ Approved: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Other: