

GOLDEN STRAND APARTMENTS, INC., A CONDOMINIUM

c/o Sunstate Association Management, Inc.

P. O. Box 18809, Sarasota, FL, 34276

Email: Allapplications@sunstatemanagement.com

TENANT UNIT OCCUPANCY APPLICATION

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):

Occupancy Dates: _____

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Unit Number: _____

Unit Number: _____

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? _____

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If your answer is “yes”, a separate sheet describing the circumstances must accompany this application. 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. _____

2nd Bicycle Make: _____ Color: _____ Police or Golden Strand ID No. _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Tel. _____ Relationship: _____

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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 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. Approval of the Board of Directors or its authorized committee is required before you occupy the premises. Applications submitted to the Board less than 30 days before the date of proposed occupancy are subject to rejection, so it is in Applicant's best interest to submit this fully completed application to the Owner without delay.

Tenant/Applicant Signature: _____ Tenant/Applicant Signature: _____

Date: _____ Tel No. _____ Date: _____ Tel No. _____

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 CIRCLE ONE (716 Granada building) or (109 The Esplanade S. building), 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____. 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. We understand the 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. 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 (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. This Application is based upon **all facts** stated herein, **which I certify are true and correct.**

NOTE: This fully completed application must be timely submitted to Golden Strand Apartments, Inc., A Condominium, c/o Sunstate Association Management Group` at the above address or by email to Allapplications@sunstatemanagement.com

FOR BOARD USE ONLY

Owner Name _____ Tenant Name _____

Golden Strand Unit No. _____ CIRCLE ONE (716 Granada building) or (109 The Esplanade S. building)

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: