

OCEAN WINDS CONDOMINIUM ASSOCIATION, INC.

Association Security Form

NOTE: All lessees/renters/tenants are notified that units are subject to all provisions of the Condominium Documents that include restrictions on occupancy, pets, guests, common area facilities, etc. These restrictions are contained in Condominium Documents and are outlined in the Association Rules and Regulations. Lessee(s) and renter(s)/tenant(s) should direct questions and concerns to the unit owner or the Board of Directors prior to signing this agreement. Owners are responsible for the occupancy, use and behavior of lessees/renters/tenants and guests in accordance with Rules and Regulations.

To: Board of Directors, Ocean Winds Condominium Association, Inc.

The undersigned submits this security form for rental of unit # _____, Ocean Winds Condominium Association, Inc. and certifies that the following information is true and correct. Intentional misrepresentation shall be grounds for termination of the lease and eviction of the tenant.

I: **Unit #:** _____

Owner Name: _____

Anticipated Occupancy Date: _____ Term of Lease: _____

II: **Lessee(s), Renter(s)/Tenant(s) Information:** Please provide requested information below on each occupant. (No more than 2 persons per bedroom during the term of the lease)

1: _____ Phone: _____ Age: _____

2: _____ Phone: _____ Age: _____

3: _____ Phone: _____ Age: _____

4: _____ Phone: _____ Age: _____

Relationship of Lessee(s), Renter(s)/Tenant(s): _____

III: **Residence history of Lessee(s), Renter(s)/Tenant(s):**

Current permanent address: _____

Time at current address: From: _____ To: _____

Rent _____ Own _____

Current Landlord: _____ Phone #: _____

IF YOU RENT AT THE CURRENT ADDRESS AND HAVE BEEN AT THE ABOVE ADDRESS FOR LESS THAN FIVE YEARS, PROVIDE A SECOND LANDLORD CONTACT.

Landlord #2: _____ Phone #: _____

Dates of occupancy at this address: From _____ To _____

IV: **Employment & Credit History** for each lessee, renter/tenant: IF THE LESSEE(S), RENTER(S)/TENANT(S) HAS BEEN EMPLOYED FOR LESS THAN FIVE YEARS, PROVIDE ADDITIONAL EMPLOYER REFERENCES THAT COVERS A FIVE-YEAR PERIOD.

Lessee, Renter/Tenant # 1: _____
Name of Employer: _____
Address of Employer: _____
Contact Person: _____ Phone #: _____
Position: _____ Dates of Employment: _____

Lessee, Renter/Tenant # 2: _____
Name of Employer: _____
Address of Employer: _____
Contact Person: _____ Phone #: _____
Position: _____ Dates of Employment: _____

Lessee, Renter/Tenant # 3: _____
Name of Employer: _____
Address of Employer: _____
Contact Person: _____ Phone #: _____
Position: _____ Dates of Employment: _____

Lessee, Renter/Tenant # 4: _____
Name of Employer: _____
Address of Employer: _____
Contact Person: _____ Phone #: _____
Position: _____ Dates of Employment: _____

Have any of the Applicants declared bankruptcy in the past 7 years? Yes____ No____
Have any of the Applicants been evicted from a rental residence? Yes____ No____
Have any of the Applicants had two or more late payments in the past year? Yes____ No____
Have any of the Applicants ever refused to pay rent when due? Yes____ No____

V: **Non-related character references: (two references required)**

Name: _____ Phone#: _____
Address: _____

Name: _____ Phone#: _____
Address: _____

VI: **Pets: No Pets – This includes dogs and any other animal such as reptilians and fowl with exception of one cat confined to the inside of the unit.**

VII: **Vehicles:** There is one assigned space per unit. Additional vehicles and guests may park in the visitor spaces.

Make: _____ Model: _____ Year: _____ Color: _____
Tag Number: _____ State of Registration: _____
Registered Owner: _____ Insurance Company/Policy#: _____

Make: _____ Model: _____ Year: _____ Color: _____
Tag Number: _____ State of Registration: _____
Registered Owner: _____ Insurance Company/Policy#: _____

VIII: **EMERGENCY CONTACT:**

Name: _____
Address: _____
Phone #: _____

The undersigned affirms receipt of copies of Rules and Regulations of Ocean Winds Condominium Association, Inc. from the owner and understands that these Rules and Regulations apply to all owners, lessees, renters/tenants, guests and pets.

Printed Name of owner on agreement

Signature of owner on agreement / Date

Printed Name of lessee on agreement

Signature of lessee on agreement / Date

Printed Name of lessee on agreement

Signature of lessee on agreement / Date

Printed Name of lessee on agreement

Signature of lessee on agreement / Date

Printed Name of lessee on agreement

Signature of lessee on agreement / Date

PLEASE MAIL, E-MAIL OR FAX TO:

ATLANTIC COMMUNITY ASSOCIATION MANAGEMENT & ACCOUNTING, INC.

507-C HERBERT STREET

PORT ORANGE, FL 32129

386/760-7365 office -- 386/756-3454 fax

atlanticcama@gmail.com

atlanticcommunitymanagement.com