

CASTEL DEL MARE CONDO ASSN., INC.
cdm1478@gmail.com
1620 Stickney Point Road
Sarasota, FL 34231

RENTER APPLICATION

___ Annual \$100
___ Seasonal \$50
___ Ret/Seasonal \$25
___ Gratuitous \$25
___ Imm. Family n/c

Condo Unit Owner: _____ **Date:** _____

Address: 16 ___ - Unit # ___ Stickney Pt. Rd.; Sarasota, FL 34231 **Phone #:** _____

NAME OF RENTAL AGENT _____ **Phone/E-mail #** _____

RENTER PERSONAL INFORMATION

Renter Name _____ NAME OF CO-TENANT _____

Driver's License# _____ Driver's License# _____

State _____ State _____

Vehicle Make: _____ Vehicle Make: _____

License Plate# _____ License Plate# _____

Local Phone number _____ Local Phone number _____

NAMES OF ALL OTHER OCCUPANTS, RELATIONSHIP, AGES and if under 18 all the ages:

PRESENT HOME ADDRESS: HOW LONG? _____ PHONE # () _____

Street _____ City _____ State _____ Zip Code _____

EMPLOYER: _____ **OCCUPATION** _____

Name _____ Address _____ Phone # _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

Name _____ Relationship _____ Phone # _____

Street _____ City _____ State _____ Zip Code _____

Have you previously resided in or owned a condominium, cooperative, apartment complex, or deed restricted community?
Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, provide details _____

A copy of the rental lease must be given to the C.D.M. office within ten (10) days of the date of the occupancy or a late fee of twenty-five dollars (\$25) will be charged (Gratuitous rentals exempted from rental lease).

Returning Seasonal Rentals: Previous Unit address & unit rented: _____ Lease date: _____

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Address: 16__ - **Unit#** __ **Stickney Point Rd.; Sarasota, FL 34231** **Phone#** _____

This agreement constitutes a contract between the Owner of the above property at Castel Del Mare Condominium Association, Inc. and _____(Tenant).

For the period of: _____ month(s), commencing on _____ and terminating on _____.

Tenant shall pay to landlord total lease payment of \$ _____ which is due _____.

Notes to Unit Owner:

1. Separate applications and application fees are required from each applicant who is not related by blood or marriage.
2. Upon approval of this application, a copy of the lease agreement must be furnished to the Association's office within ten (10) days of the date of occupancy or a non-compliance penalty fee will be charged.
3. Any rental that is six months or more will be subject to a criminal background check.

Agreement of Tenant that information is true and will abide by the CDM Good Neighbor Policy

In order for you to facilitate consideration of my application for the rental of the above designated unit in Castel Del Mare Condominiums, I represent that the information provided herein is factual and true. I am aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application. I consent that you may make further inquiry concerning this application, particularly of the personal information and that the investigation may be as to my character, general reputation, personal characteristics, credit standing, police records, and mode of living.

I will be bound by Castel Del Mare Declaration of Condominiums, Bylaws, Articles of Incorporation, and Association Rules and Regulations. (CDM Good Neighbor Policy) _____ Initials here

No dogs, cats, or other pets are permitted. _____ Initials here

No business is to be conducted within the condominium. _____ Initials here

No boats, trailers, or motorcycles _____ Initials here

No more than two (2) persons per bedroom _____ Initials here

A renter cannot sublease the condo _____ Initials here

All pick-ups and any vehicle with commercial signage or markings must park along the wall on Stickney Point Road regardless of the length of stay at the Castel Del Mare complex. Exception: service vans or trucks rendering temporary service to a unit or the common elements.

_____ Initials here

I understand that any violation of the terms, provisions, conditions, and covenants of the Castel Del Mare Declaration of Condominium, Bylaws, or Rules provides cause for available immediate action as therein provided or termination of the leasehold under appropriate circumstances.

Dated this _____ day of _____, 20_____

Applicant signature: _____ Co-applicant signature: _____

***** **FOR ASSOCIATION TO COMPLETE** *****

Attached is a processing fee of \$ _____ (non-refundable)

Received Copy of Lease _____

Received Rules and Regulations _____

Approved ___ Disapproved ___ C.D.M. Board Member Signature _____ Date _____

PLEASE NOTE: ONLY THE PERSONS NAMES THAT APPEAR ON THIS APPLICATION MAY RESIDE IN THE CONDOMINIUM UNIT. THE DECLARATION OF CONDOMINIUM PROHIBITS SUBLEASING AND THE LEASING OF INDIVIDUAL ROOMS. BEFORE A PERSON MAY OCCUPY A UNIT, THAT PERSON MUST COMPLETE AND SUBMIT AN APPLICATION, PAY THE APPROPRIATE APPLICATION FEE, UNDERGO AN ASSOCIATION INTERVIEW, AND BE APPROVED BY THE ASSOCIATION BOARD OF DIRECTORS.