

The Royal Seafarer

Condominium Association

300 South Collier Blvd., Marco Island, FL 34145

Phone: (239) 642-6909 Fax: (239) 394-9530

Email: office@theroyalseafarer.org Website: www.theroyalseafarer.org

Lease Application Instructions

1. Fill in the application. (This can be done by pen or electronically by typing in the fields provided and then printing the application. If completing by pen, print clearly)
2. Lessee to check for accuracy, sign and date the application
3. Rental Agent, if engaged, completes their respective section
4. Owner reviews the application for completeness, signs and dates the application
5. Mail to the Royal Seafarer, 300 S. Collier Blvd., Marco Island, FL 34145, the following:
 - a. Completed and signed Lease Application
 - b. Copy of the Lease
 - c. \$100 check for lease application fee* made out to the Royal Seafarer

*If the lease is a renewal to exactly the same parties, unit number, lease terms and rent, the lease application fee may be refunded. To qualify, you must include a copy of the prior lease.

Note: The Lease Application, Copy of Lease and \$100 fee must be received 14 days prior to occupancy. Incomplete applications (for example, missing information, signatures or attachments) will not be accepted so please check before sending.

The Royal Seafarer

LEASE APPLICATION

(Must be received 14 days prior to occupancy)

UNIT No: _____

I (We) hereby apply for approval to lease an apartment in the ROYAL SEAFARER CONDOMINIUM
for the period: Arriving: _____ and Departing: _____
MM/DD/YYYY *MM/DD/YYYY*

Lessee Name(s): _____

Address: _____
(Street) *(City)* *(State-Country)* *(Zip Code)*

Phone: _____ Email: _____

In addition to the above, list overnight occupants, including children: (Note: Maximum 6 occupants)

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Person to Notify In Case of Emergency:

Name: _____ Phone: _____

Address: _____
(Street) *(City)* *(State-Country)* *(Zip Code)*

Are you a repeat renter? If yes, is this a lease renewal? (See Instructions)
Yes No Yes No

If "No", please provide two rental references:

Name #1: _____ Phone: _____

Address: _____
(Street) *(City)* *(State-Country)* *(Zip Code)*

Name #2: _____ Phone: _____

Address: _____
(Street) *(City)* *(State-Country)* *(Zip Code)*

If Rental Agency Firm is engaged:

Name of Firm: _____ License #: _____

Contact Name: _____ Contact Phone: _____

Emergency or after hours contact phone: (If different from above) _____

Email: _____

PLEASE READ CAREFULLY BELOW BEFORE SIGNING

All the undersigned represent that the above information is factual and true, and agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection.

Lessee Acknowledgments

1. I consent to your further inquiry concerning this application, for consideration in your decision on its acceptance.
2. I understand and agree that the Association, if it approves a lease, is authorized to act as the owner's agent with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Declaration of Condominiums of Royal Seafarer, Bylaws, and the Rules and Regulation of the Association.
3. **SUBLEASING IS PROHIBITED. OCCUPANCY NOT PERMITTED BY ANYONE IN THE ABSENCE OF LESSEE.**
4. I must register upon arrival and notify management of my departure.
5. I agree to abide by the House Rules and other rules and regulations set forth by the Royal Seafarer Condominium Association. The House Rules and other rules and regulations are accessible at: www.theroyalseafarer.org.

Lessee Signature(s): _____

_____ Date: _____

Rental Agent Acknowledgement (If engaged)

As the rental agent for the Unit Owner, the undersigned agrees to be responsible for immediate correction or prevention of any violations by the tenants of the restrictive covenants or rules applicable to the Condominium, including termination of the lease and removal of the tenant.

Agent's Name (Please Print) _____

Signature: _____ Date: _____

Owner Acknowledgement

I acknowledge that, as the Unit Owner, I am ultimately responsible for damages to common areas caused by Lessee, Lessee guests and their visitors. (Per Florida 718.111(11)j.1.)

Owner(s) Name _____

Signature(s): _____

_____ Date: _____

The following MUST be received, at least fourteen (14) days prior to occupancy:

1. This **APPLICATION**
2. A signed copy of the **LEASE AGREEMENT**
3. A **CHECK** made out to the Royal Seafarer for the \$100 non-refundable application fee
4. Mail to the Royal Seafarer Condominium, 300 S. Collier Blvd, Marco Island, FL 34145

You can reach us at (239) 642-6909 or email us at office@theroyalseafarer.org.