



### **Condominium Association**

300 South Collier Blvd., Marco Island, FL 34145

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

Email: [office@TheRoyalSeafarer.org](mailto:office@TheRoyalSeafarer.org) Website: [www.TheRoyalSeafarer.org](http://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 sign the Lease Application
  - b. Copy of the Lease Agreement/contract signed by owner and renter
  - c. \$100 check or money order for the lease application payable to the Royal Seafarer
  - d. Copy of Photo ID's or Driver's License of all adults listed on application

**The \$100 Application fee is now required from all renters.**

**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: \_\_\_\_\_

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### Person to Notify In Case of Emergency:

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

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

**Please list below two (2) rental references or if none two personal 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 agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection.

**Lessee Acknowledgments**

I consent to your further inquiry concerning this application, for consideration in your decision on its acceptance.  
\_\_\_\_\_(initial)

1. 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. \_\_\_\_\_(initial)
2. **Subleasing is prohibited. Occupancy not permitted by anyone in the absence of Lessee.** \_\_\_\_\_(initial)
3. I must register upon arrival and notify management of my departure. \_\_\_\_\_(initial)
4. 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](http://www.theroyalseafarer.org)**. \_\_\_\_\_(initial)
5. Copy of Photo ID or Driver's License of each adult listed on this application is attached. \_\_\_\_\_(initial)
6. **During Turtle Season (May 1 to Oct 31) we ask you to protect the turtles from false light. You are responsible to turn balcony lights off and close blinds by 8:30 pm each night.** The City of Marco may impose a fine on any violators. \_\_\_\_\_(initial)

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:\_\_\_\_\_

***I, the owner, take full responsibility for any damages my renter(s) may cause*** \_\_\_\_\_(initial)

The following **MUST** be received, at least fourteen (14) days before occupancy:

1. This **APPLICATION** and signed copy of the **LEASE AGREEMENT**
2. Photo ID or Driver's License of **ALL** adults listed on this application
3. A **CHECK** made payable to the Royal Seafarer for \$100, a 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](mailto:office@theroyalseafarer.org)**.