c/o Coastal Property Management 10 SE Central Parkway, Suite 400 Stuart, FL 34994 Office: (772) 600-8900 Fax: (772) 266-9801

A NOTE TO OUR PROSPECTIVE TEMPORARY TENANTS

The attached application for approval of rental of a unit at Island Dunes Oceanside 1 is intended to give us an understanding of people interested in becoming our neighbors.

We take the role of neighbor very seriously here at Oceanside 1. We hope that you will find living here a special experience with people who know each other, respect each other and genuinely cherish a relationship that we feel really sets this building apart from many others.

We want to make sure that folks, interested in coming here and ones interested in becoming part of a great community and hoping to do their part in making the community even better.

We thank you for your time in filling out the required forms and stand ready to be as helpful as we can be in answering all your questions about your home.

More than that, we look forward to greeting you as our newest friends.

Whether you plan to be here all year or just seasonally, we think you will find the wonderful facilities, the beach, the country club, the staff and your new neighborhood an incredibly special place.

Please note that many social activities that take place here at Oceanside 1.

We really are known as one of the most social and hospitable associations in the area. Please take part in as many social activities as you can.

Thank you!

The Board and all your neighbors at Oceanside 1

c/o Coastal Property Management 10 SE Central Parkway, Suite 400 Stuart, FL 34994

Office: (772) 600-8900 Fax: (772) 266-9801 Lease Application

All items must be submitted, or your application will not be processed.

This form <u>must be</u> submitted with all other necessary paperwork.

General submission requirements

- Fully executed application
- Fully executed sales contract
- \$100 Application fee (non-refundable) Please make check payable to Island Dunes Oceanside 1 Condominium Association, Inc.
- \$50.00 for Background Check (required) non-refundable) for each applicant/occupant over 18 years of age. Please make the check payable to Island Dunes Oceanside 1 Condominium Association, Inc.
- Two (2) personal letters of reference written by persons not related to the applicant-

*Payments are only accepted in the form of checks or money orders

•	Title Com	pany Info for Sale/Purchase	
	0	Company Name:	
	0	Company Address:	
	0	Company Phone:	
	0	Company Email:	
•	Buyer's Realtor Info for Sale/Purchase		
	0	Company Name:	
	0	Company Address:	
	0	Company Phone:	
	0	Company Email:	
Seller/Current Owner Realtor's Info for Sale/Purchase		rent Owner Realtor's Info for Sale/Purchase	
	0	Company Name:	
	0	Company Address:	
	0	Company Phone:	
	0	Company Email:	
•	Certificate	of Approval delivery option (Mark "X" by delivery option)	
	0	Mail original to Title Company and email copy to	
	0	Mail original to Buyer's Realtor and email copy to	
	0	Mail original to Seller's Realtor and email copy to	

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Lease Application c/o Coastal Property Management 10 SE Central Parkway, Suite 400 Stuart, FL 34994

THIS COMPLETED APPLICATION FOR A SALE OR TRANSFER OF A UNIT MUST BE RECEIVED BY THE ASSOCIATION AT LEAST THIRTY (30) DAYS PRIOR TO THE PROPOSED CLOSING DATE

APPLICATION INSTRUCTIONS

APPLICANT must submit:

- Completed Application (Application will not be processed without all signatures)
- Signed copy of Sales Contract
- \$100.00 Application Fee (non-refundable) made payable to: <u>Island Dunes Oceanside 1 Condominium</u>
 <u>Association, Inc</u>
- \$50.00 for Background Check (required) (non-refundable) for each applicant/occupant over 18 years of age. Please make check payable to Island Dunes Oceanside 1 Condominium Association, Inc.
- Clear copy of each applicant's current photo ID

*Payments are only accepted in the form of checks or money orders

All items must be submitted as an entire packet to:

Coastal Property Management 10 SE Central Parkway, Suite 400 Stuart, FL 34994

Or Island Dunes Oceanside 1 Property Mangers Office 8880 South Ocean Blvd, Jensen Beach, Florida 34957

Thank you in advance for your cooperation in following this process. If you have any questions, please call:

Coastal Property Management – 772-600-8900 or 77

Island Dunes Oceanside 1 Association, Inc - Property Manager Office - (772) 229-8414

LEASE APPLICATION

Date of Application Lease dates:							
Property Address:Unit Number:							
NAME(s) OF APPLICANT: Email:							
PRESENT ADDRESS:	City	State_	Zip				
How long at this address:	Do you own	Rent					
If less than 3 years, previous address:							
If currently renting, please not landlords name, address, and phone #							
Cell phone: ()Home pho	one ()	Business Phone ()				
CO-APPLICANT: Email:							
PRESENT ADDRESS:	City	State	Zip				
Cell phone: ()Home p	hone ()	Business Phor	ne ()				
NUMBER PEOPLE WHO WILL BE RESIDING A	AT THE HOME						
OCCUPANTS RESIDING AT RESIDENCE	-						
NAMERELA	TIONSHIP	AGE					
NAMERELA							
VEHICLE(S) RESIDING AT RESIDENCE							
MAKE MODEL_							
MAKE MODEL	COLOR _	YEAR	IAG #				
EMPLOYMENT HISTORY							
CURRENT EMPLOYEREMPLOYER ADDRESS		HOV	V LONG				
EMPLOYER PHONE							
CO-APPLICANT'S CURRENT EMPLOYEREMPLOYER ADDRESS		JOB TITLE	How long				
LIVII LOTER THORE							

SALES APPLICATION c/o Coastal Property Management 10 SE Central Parkway, #400 Stuart, FL 34994

CRIMINAL BACKGROUND CONSENT FORM

The undersigned being a new owner applicant(s) of the following address:

I/We hereby authorize Islander 12 Association, Inc., Coastal Property Management, and its agents to conduct a background and credit investigation of myself, as a prospective Owner in the Islander 12 Association, Inc. and therefore authorize criminal histories of myself to be searched for the purpose of determining my suitability for ownership in the community. I understand that the results of such investigation will be shared by the property manager with the Board of Directors of the Islander 12 Association, Inc.

Dated:	
(Signature)	Date of Birth
(Print name)	Social Security No
Driver's License No	State of Issuance
(Signature)	Date of Birth
(Print name)	Social Security No
Driver's License No	State of Issuance
Must be signed by all applicants. Use an ac	dditional copy of this sheet if needed for additional applicants.
PLEASE ATTACH A CLEAF	R COPY OF ALL APPLICANTS CURRENT PHOTO ID
BOARD OF DIRECTORS DECISION:APP	ROVEDDISAPPROVEDDATE
BOARD DIRECTOR:	

LEASE CONDITIONS	
 The Application must be submitted at least 30 days prior to lease commencement. Applicant 1: Have you ever been convicted of a crime or pled guilty to a crime? YesNo If yes, please state the dates(s), charge(s), and disposition(s): 	
Applicant 2: Have you ever been convicted of a crime or pled guilty to a crime? Yes No If yes, please state the date(s), charge(s), and disposition(s):	_
3. I understand that acceptance for the lease by the Association is conditioned upon the truth and this Application and approval of the Board of Directors. Any misrepresentation or falsification of it on these forms will result in the automatic disqualification of my application. 4. I agree to abide by all terms and conditions contained in the Declaration of Condominium, By-L and Regulations which are or may in the future be issued by the Association. 5. The Association and/or its authorized agents shall have the irrevocable right to enter the Unit fit ime during reasonable hours as may be necessary for inspection, maintenance, repair, or replace Unit or common element for making emergency repairs necessary to prevent damage to other un common elements. 6. I understand that no more than two (2) persons per bedroom may reside in the unit, including children. 7. I agree not to use the Unit in any manner that will interfere with the rights of other residents of Association or commit any nuisance or illegal act in the Unit, or the common elements or the limit elements.	nformation aws, Rules rom time to ment of any its or dependent
8. I have received a copy of the Rules and Regulations. 9. I agree to abide by the current Oceanside I Rules and Regulations	

Please circle one: YES NO

Initial: _____ Initial: ____

10. I understand that I will be advised by the Board of Directors of acceptance or denial of this Application. The Board has a minimum of 15 days to provide a response to this application. Occupancy prior to approval is strictly prohibited.

LEASE	CONDITIONS	(CONTINUED)
	001101110110	COMMINGEDI

- 11. I understand and agree that I must be present when any guest, relative, visitor, or children who are not lease occupants occupy this Unit or use Association facilities and common areas.
- 12. I understand and agree that no pets are permitted in the unit under my rental lease.
- 13. I understand that subleasing and unauthorized occupancy of this unit is expressly prohibited.
- 14. I understand that any violation of these conditions may result in the immediate termination of the lease.
- 15. The approval of the proposed lease is expressly conditioned upon the Applicant's compliance with these conditions. A breach of these conditions shall provide the Association the authority to take immediate steps to terminate the lease and evict the lessee. The Owner/Lessor remains ultimately responsible for the acts of the Lessee and Lessee's family and guests and to collect any cost incurred by the Association, including attorney's fees incurred in termination of the lease.
- 16. In the event the Owner/Lessor becomes delinquent in the payment of any sums and assessments due to the Association during the term of the lease, upon written demand by the Association, the Lessee shall pay directly to the Association rental payments due the Owner/Lessor to be applied to the delinquent sums owed by the Lessor to the Association. The Association shall be granted full right and authority to demand and receive the Lessor's entire rent due from the Lessee. When the delinquency no longer exists, the Association shall cease the demand and payments shall again be made by the Lessee directly to the Owner/Lessor.

Applicant's Signature Date	Date	
Co- Applicants Signature	Date	