BOUCHELLE ISLAND VI CONDOMINIUM ASSOCIATION
LEASE - RENTAL APPLICATION

INSTRUCTIONS: **ALL OWNERS WHO LEASE OR RENT THEIR UNITS ARE REQUIRED TO COMPLETE AND SUBMIT THIS FORM PRIOR TO TENANT OCCUPANCY. THIS FORM IS TO PROVIDE CONTACT AND EMERGENCY INFORMATION TO THE ASSOCIATION. PLEASE GIVE THIS COMPLETED AND SIGNED FORM AND A COPY OF THE OWNERS LEASE TO THE CONDOMINIUM ASSOCIATION PRESIDENT OR MANAGEMENT COMPANY.**

MINIMUM THREE (3) MONTH RENTAL

ONE(1) PET UNDER 20 LBS PERMITTED PER UNIT **DOG / CAT** **PET WEIGHT** _____

OCCUPANCY TERM BEGINNING: _____ **OCCUPANCY TERM ENDING:** _____

OWNER INFORMATION

UNIT NUMBER_____ UNIT PHONE NUMBER _____

OWNER NAME_____PHONE NUMBER _____

OWNER ADDRESS _____

PLEASE PROVIDE THE INFORMATION OF PERSON(S) TO CONTACT IN THE EVENT OF AN EMERGENCY

NAME_____ PHONE _____

NAME_____ PHONE _____

COPY OF THE RULES AND REGULATIONS HAVE BEEN FURNISHED AND EXPLAINED TO TENANT(S): YES / NO

TENANT INFORMATION

HOW MANY ARE TO OCCUPY THE UNIT? _____(NO MORE THAN 2 PERSONS PER BEDROOM)

NAME _____

TENANT CONTACT INFORMATION PHONE: _____ NAME: _____

PHONE: _____ NAME: _____

NUMBER OF VEHICLES_____

MAKE/MODEL/YEAR_____ TAG#:_____

MAKE/MODEL/YEAR_____ TAG#:_____

BY MY SIGNING THIS FORM, I AM STATING THAT THE INFORMATION ABOVE IS TRUE AND THAT I HAVE BEEN FURNISHED A COPY OF THE ASSOCIATION RULES & REGULATIONS. I AGREE TO ABIDE BY THEM AND THAT I AM RESPONSIBLE FOR ALL OTHER PERSON(S) RESIDING OR VISITING WITH ME AND WILL SEE TO IT THAT THEY ABIDE BY THE RULES AND REGULATIONS. FAILURE TO DO SO WOULD BE CAUSE FOR IMMEDIATE TERMINATION OF THIS LEASE.

PLEASE MAIL or EMAIL COMPLETED APPLICATION TO:
Intracoastal Bookkeeping and Management, Inc.
P.O. Box 1527
Ormond Beach, FL 32175
(386) 441-0320 (386)295-8630
debbiekreinest@gmail.com

TENANT(S) SIGNATURE(S) _____ **DATE** _____

_____ _____

BOARD / CONDO MGR.: _____ **DATE** _____