

LEASE PACKET

- Application fee of \$150.00 **(NON-REFUNDABLE)**, payable annually to Oceana of Hutchinson Island Inc.
- Copy of lease agreement **MUST** be attached.
- No pets are allowed.
**Please contact the office for further instructions for service animals, with written documentation.... Unless your rental agreement specifically states no animals. Owners are allowed by FL State Law to prohibit SA/ESA animals on their property.*
- The lessor has made the lessee aware that Oceana North One has a Rules & Regulations Booklet that requires compliance, as a renter. Please note, Association Documents are available on the Associations' website under Documents and Forms: www.oceananorth1.org

Please Note: This application, all required fees and copy of the lease agreement must be submitted fourteen (14) days prior to occupancy. Incomplete applications will NOT be processed and may delay occupancy.

If you have any questions or concerns, please do not hesitate to contact us via phone at 772-229-3010 or via email oceananorth.one@gmail.com

Sincerely,

Campbell Property Management

On Behalf of the Oceana's Board of Directors

Oceana North One
9940 South Ocean Drive
Jensen Beach, FL 34957

Office Phone (772)229-3010 Fax (772) 229-7407
E-mail: Oceananorth.one@gmail.com

APPLICATION TO LEASE

UNIT # _____ RENTAL DATES: From _____ To _____ (90 DAY MINIMUM)

PRESENT OWNER(S): _____

PROPERTY ADDRESS _____

PHONE NO. _____ EMAIL ADDRESS _____

This application must be accompanied by a **Lease Agreement** and the required **NON- REFUNDABLE** fee of **\$150.00** made payable to **OCEANA OF HUTCHINSON ISLAND, INC.**, to cover administrative and screening costs. All applications to lease are subject to the approval of the Board of Directors of OCEANA OF HUTCHINSON ISLAND, INC.

APPLICANT(S): _____

CURRENT ADDRESS _____

PHONE NO. _____ EMAIL ADDRESS _____

OCCUPATION _____ CELL PHONES _____

NO SUBLEASING

NO PETS ALLOWED

NO SMOKING IN UNIT

NAME AND ADDRESS OF OTHER PERSON(S) WHO WILL BE OCCUPYING UNIT:

Prior to moving into the unit, there will be a meet and greet with at least one of the Welcome Committee Members to go over the Rules and Regulations and other important items with all tenants/occupants over the age of 18.

Upon approval of this application, (I)(we) do hereby agree to abide by the Rules and Regulations of OCEANA OF HUTCHINSON ISLAND, INC. which have been explained or provided to (me)(us) by the owners of unit. OCEANA OF HUTCHINSON ISLAND, INC. is hereby authorized to make any inquiries regarding this application and (I) (we) do further understand that the approval of this application is discretionary with the Board of Directors. All information shall be deemed strictly confidential. All information requested on this form must be filled out and if approved, is for the period listed, only. If legal action is instituted against any lessee, the lessor will be responsible for all legal fees incurred.

TENANT(S) SIGNATURE _____ DATE _____

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DIRECTORS SIGNATURE _____ DATE _____

DIRECTORS SIGNATURE _____ DATE _____

Oceana North One

Tenant Unit Information Sheet

Rental From: ____/____/____

Rental To: ____/____/____

Last Name: _____ First Name: _____

Cell #1 Number: (____) ____ - ____ Belongs to: _____

Cell #2 Number: (____) ____ - ____ Belongs to: _____

Which number would you like in the resident phone directory? (CIRCLE ONE)

None Unit Cell #1 Cell #2 Away

E-mail address: _____

Authorization to publish email address in directory Yes (___) No (___)

Authorization to use email for association generated communications Yes (___) No (___)
(Will not be published or shared)

Emergency Contact:

Contact Person #1: _____

Relationship: _____ Telephone: (____) ____ - ____

Contact Person #2: _____

Relationship: _____ Telephone: (____) ____ - ____

VEHICLE REGISTRATION FORM

Instructions:

1. Complete Form
2. Attache copy of vehicle registration(s)

RESIDENT NAME: _____

OCEANA ADDRESS: _____

1. Vehicle Make: _____ Model: _____ Color: _____

License Plate #: _____ State: _____ Access #: _____ Parking Permit # _____

2. Vehicle Make: _____ Model: _____ Color: _____

License Plate #: _____ State: _____ Access #: _____ Parking Permit # _____

3. Vehicle Make: _____ Model: _____ Color: _____

License Plate #: _____ State: _____ Access #: _____ Parking Permit # _____

Oceana North One

ADMINISTRATIVE INQUIRY AUTHORIZATION

I hereby authorize Oceana North One, to make administrative inquiries regarding this Application for Membership in the Oceana North One Condominium Association from the information furnished by me with the understanding that any and all information received will be held in the strictest confidence and used only for the purpose of approving this Application for Membership. There is no background or financial check as part of this application process.

Signature of Applicant for Membership

Date

Signature of Applicant for Membership

Date