THE COTTAGES AT BIRD BAY CONDOMINIUM ASSOCIATION, INC.

APPLICATION TO LEASE FOR SEASONAL TERM

MINIMUM 90 DAY RENTAL PERIOD

Please complete this application and return it along with a copy of the rental contract and a \$50.00 application fee made payable to THE COTTAGES AT BIRD BAY CONDOMINIUM ASSOCIATION, INC. to: Argus Management of Venice, Inc., 1062 East Venice Avenue, Venice, FL 34285

This fee is to cover the processing and handling of this application and is within the jurisdiction of the Association's By-laws.

The copy of the Lease Agreement must be attached, in it signed/initialed proof that the prospective tenant(s) have received the complete set of Rules and Regulations

Application Date: _____

Unit Address:	Owner Name:	
Owner Email:	Owner Phone:	
ARRIVAL:	DEPARTURE:	

THE FOLLOWING INFORMATION TO BE COMPLETED BY LESSEE

NOTE: Husband & Wife or Joint Applicants each to be listed separately

Applicant:				
Lessee Name		Phone		
Present address		_Email		
Name of Employer		Address		
Co-Applicant:				
Lessee Name		Phone		
Present address		_Email		
Name of Employer		_Address		
ADDITIONAL OCCUPAN	`` `	ne who will be residing in the unit) Relationship to Applicant		
		Relationship to Applicant		
		Relationship to Applicant		
CREDIT REFERENCES:				
Type of Account:	Instit	Institution		
Type of Account:	Instit	Institution		
Type of Account:		Institution		

VEHICLE(S):

Recreation vehicles such as motor homes, campers, trucks, panel vans, trailers & boats are not permitted in Bird Bay Village. Passenger vehicles only. Please fill in the information below.

Make	Model	Color	State:	License:			
Make	Model	Color	State:	License:			
PETS: Renters are not permitted to bring pets on the premises.							
Have you eve	er been convicted of a	felony ?	If yes, please	list what year and reason:			
PERSONAL relationship)	REFERENCES: (Ple	ase supply the nam	ne address, telepl	none number &			
Name:		Relations	hip				
	me: Relationship one:Address:						
Name:	Relationship Address:						
Name:	Addr	Relations	hip				
Phone:	Addr	ess:					
EMERGENCY CONTACT:							
NAME:	H	Relation:	Phone:				
of Condomin read carefull Board of Dir Orientation M found to be r	ium, Association's By y and sign where indic ectors have the power	y-Laws, and its Ru cated. If any of the to terminate the le ng the units. In the y acceptance for th	les & Regulation se Rules & Regu ease. I agree to at event the inform is rental, lease, c	-			
Signature	E	Date Signa	ature	Date			
TO BE FILLED OUT BY THE BOARD OF DIRECTORS ACCEPTED () REJECTED () BY THE BOARD OF DIRECTORS							
DATE	SIGNATUR	Е	DIRECTOR OR AGENT				
Signature TO BE FILL THE BOARI	ED OUT BY THE BO D OF DIRECTORS	Date Signa	ature	Date			