UNIT RENTAL POLICY

ARTICLE 34 IN DECLARATION OF CONDOMINIUM IS STRICTLY ENFORCED

All Unit Owners that desire to rent their unit must submit a completed "Application for Unit Rental" ("Application") to be received at least twenty (20) days in advance of the lease commencement date to the Pine Rush Villas Management Company listed below for their review and approval/rejection at:

Pine Rush Villas Condominium Association, Inc.
Condominium Associates – 3001 Executive Drive, Suite 260,
Clearwater, FL 33762

Email: info@condominiumassociates.com

CC: Pwilson2440@gmail.com
Phone: 727-573-9300

Please be advised that the review process will not be completed until the original Application and the fee are received. The blank Application can be obtained from the Association Property Manager. The Association Property Manager will be the liaison for the Board of Directors during the unit rental review process. All inquiries regarding the Application process are to be directed to the Association Property Manager and not to any Board member.

- The following items must accompany the completed "Application for Unit Rental". If the following items are not submitted along with the Application or the Application is not fully completed, the review process will stop until all items are complete and received.
 - 1. A check or money order made payable to "Pine Rush Villas Condominiums Inc." for \$100 Application fee per person over the age of 18 or married couple (non-refundable).
 - 2. Copy (legible) of the full executed Lease.

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- 3. Copy (legible) of each applicant's valid driver license or state issued ID.
- 4. National Criminal Background Form (attached).

Per the Declaration of Condominium Ownership, the Board has twenty (20) calendar days after receipt of the required items for the review process and a decision to be issued. Please be advised that the Application may NOT necessarily be approved by the Board of Directors.

The Unit Owner, not the Applicant, is responsible for the proper completion and submittal of the "Application for Unit Rental" and the other required items.

A face-to-face interview with all Applicants by a Board member is also required. Upon receipt of the completed Application, the Applicant(s) will be contacted directly to arrange the interview. Every effort must be made by the Applicant(s) and will be made by the Association to be available in the evenings or on a weekend to complete the interview within the twenty (20) days allotted for the Board review process. The Board of Directors, Association Manager and/or the Association will not be held liable for any or all delay in the review process caused by seeking complete information on the Application, the inability to reach Applicant(s) to arrange the interview, Applicant(s) not being cooperative with the scheduling of the interview or any other factor out of their/its control.

ALL APPLICANTS OVER 18 WILL HAVE A NATIONAL CRIMINAL BACKGROUND CHECK PERFORMED.

CHANGES DURING A LEASE PERIOD

- If the information provided on the Application initially submitted and reviewed by the Board of Directors prior to the lease commencement date ("Original Application") changes during the term of the lease, then a new Application must be submitted to the Association Manager immediately upon Applicant(s) knowledge of the change and no later than seven (7) days after the change has occurred. Please use the Association's same mailing and email address as noted above. Please note that the new application may not necessarily be approved.
- If additional people are seeking residency in the unit from those stated on the Original Application, then a copy (legible) of each additional person's driver's license or state issued ID must be submitted to the Association Manager. ALSO, A COMPLETED COPY OF A CRIMINAL BACKGROUND INFORMATION FORM.
- Each new occupant over the age of 18 is subject to a face-to-face interview by a member of the Board of Directors.

ANY NEW APPLICANT OVER THE AGE OF 18 WILL REQUIRE A CRIMINAL BACKGROUND CHECK.

No fee is charged for <u>Original Application</u> changes. Regular fee for <u>Amended Applications</u> will apply (\$100.00).

LEASE RENEWAL POLICY

All lease renewals require Board approval in advance of the renewal commencement date. A copy
of the Renewal Lease is to be sent to the Association Manager to be received at least twenty (20) days
in advance of the lease renewal commencement date. Please note that the renewal may not necessarily
be approved.

If information provided on the Original Application has changed for the renewal period, then a new Application will need to be submitted. The same guidelines apply as stated above for "Changes During A Lease Period".

No fee is charged for a renewal review.

LEASE APPLICATION PLEASE PRINT CLEARLY

Property to be Leased: Bldg #:	Unit #:	Lease Date: Fro	m to
Owner's Name:			
Owner's Address:			
Owner's Home Tele #:	Cell #:	Wor	k #:
E-mail:			
Personal Data of Lessee:			
(1) Lessee Name:		Phone #:	
E-mail:			
Employer Name:		Phone #:	
(2) Lessee Name:		Phone #:	
E-mail:			
Employer Name:		Phone #:	
Other Adults To Live in Unit (over	<u>r 18):</u>		
Name:	F	Relationship:	Age:
Name:	F	Relationship:	Age:
Children To Live in Unit (under 18	<u>3):</u>		
Name:	F	Relationship:	Age:
Name:	F	Relationship:	Age:
Pet Information: (Note: A Health C # for each dog/cat is required to be weight/breed restrictions are defined	submitted with the	dog/cat picture prior	o final approval of application. Dog
http://www.pinellascounty.org/anima	alservices/licenses.	<u>htm</u>	
Type of Animal:	Breed:		Weight:

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PINE RUSH VILLAS CONDOMINIUMS, INC. Type of Animal: Breed: Weight: List information for each Applicant if information differs. Denote by Applicant number above the information associated to the Applicant. Use another piece of paper if necessary. Current Address: City: _____ State: ____ Zip: _____ Current Landlord's Name: _____ Phone #: _____ Reason for moving: Have you ever been evicted? \square Yes \square No Have you ever been convicted of a crime? \square Yes \square No If yes, provide details as to date, location and other pertinent information: List the make, model, year and license plate number and issuing state for each vehicle that will be parked at the property: Model: _____ 1. Make: _____ Year: _____ License Plate #: _____ State: Model: _____ Year: 2. Make: _____ State: _____ License Plate #: _____ 3. Make: ____ Model: Year: License Plate #: _____ State: ____ 4. Make: ____ Model: _____ Year: ____ State: ____ License Plate #: _____ **Contact Information for Primary Applicant** Home Phone #: _____ Cell Phone #: _____

E-mail address:

Name:	Phone #:	
Will the above Emergency Contact	have a key to the Unit? \Box Yes \Box No	

Applicant represents that the information submitted in this Application is true and correct and consents to further inquiry if deemed necessary. The Applicant understands that any misrepresentation or material omission made by Applicant on this Application can result in revocation of approval and possible vacating of Unit, whenever the misrepresentation or omission is discovered.

The Applicant acknowledges receipt of the Association's Rules and Regulations. If this Application is approved, the Applicant and all occupants of the Leased Unit agree to abide by said Rules and Regulations. The Applicant acknowledges that a violation of the Association's Rules and Regulations can result in a fine(s), revocation of approval and possible vacating of Unit.

The Applicant acknowledges that it is cause for revocation of approval and possible requirement that the Applicant vacate the Unit if at any time during the term of the Lease the information provided on the Application Form changes and a new Application form is not submitted within ten (10) days of the change(s). (There is no additional charge for submitting change to an Application Form within the lease term.)

The Applicant gives the Association the right to contact and obtain information from all employers, etc. and to otherwise verify the accuracy of the information contained in this Application, including permission to obtain a criminal background check. The Applicant hereby release from liability the Association and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. The Applicant understands that approval is subject to a clear criminal background check.

The Association does not unlawfully discriminate and no question on this Application is used for limiting or excusing any Applicant from consideration for residency on a basis prohibited by local, state or federal law. The Association does not refuse residency based on race, color, age, residence, sex, national origin, religious affiliations or disability conditions.

Emergency Contacts

Applicant represents and warrants that they have read and fully understand the foregoing and seeks residency under these conditions.

ACKNOWLEDGMENT

Application must be signed a	nd dated by all adults	(over 18) applying to reside in the Uni	it.
Signature, Applicant	 Date	Signature, Applicant	 Date
Signature, Applicant	Date	Signature, Applicant	 Date
Signature, Applicant	Date	Signature, Applicant	Date
		nt to truthfully complete all informat and possible requirement that App	-
can result in a fine(s), revoc Unit Owner acknowledges Applicant vacate the Unit it	cation of approval and that it is a cause for at any time during	ne Association's Rules and Regulation of approval and possible requirement that Application of approval and possible term of the Lease the information (40) down of the above (40)	ant vacate the Unit.
	that they are respon	en (10) days of the change(s). sible for any damages to any comm	non elements caused
Signature, Unit Owner	Date	Signature, Unit Owner	Date
	Associati	ion Use Only	
Board of Directors:	PROVED □ NO	T APPROVED	
Signature Board Member	Date	-	

CUSTOMER NUMBER	
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TENANT INFORMATION FORM

I / We	, prospective
tenant(s) / buyer(s) for the property located at _	,
Managed By:	Owned By:,
Hereby allow TENANT CHECK LLC and or the property owner / manager to	inquire into my / our credit file, criminal, and rental history as well as any other personal
record, to obtain information for use in processing of this application. I/we	understand that on my / our credit file it will appear the TENANT CHECK LLC has made
an inquiry. I / we cannot claim any invasion of privacy or any other claim that	at may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY

TENANT INFORMATION:	SPOUSE / ROOMMATE:	
SINGLE MARRIED	SINGLE MARRIED	
OCIAL SECURITY #:	SOCIAL SECURITY #:	
ULL NAME:	FULL NAME:	
DATE OF BIRTH:	DATE OF BIRTH:	
DRIVER LICENSE #:	DRIVER LICENSE #:	
CURRENT ADDRESS:	CURRENT ADDRESS:	
HOW LONG?	HOW LONG?	
ANDLORD & PHONE:	LANDLORD & PHONE:	
REVIOUS ADDRESS:	PREVIOUS ADDRESS:	
HOW LONG?	HOW LONG?	
MPLOYER:	EMPLOYER:	
OCCUPATION:	OCCUPATION:	
GROSS MONTHLY INCOME:	GROSS MONTHLY INCOME:	
ENGTH OF EMPLOYMENT:	LENGTH OF EMPLOYMENT:	
VORK PHONE NUMBER:	WORK PHONE NUMBER:	
IAVE YOU EVER BEEN ARRESTED? CIRCLE ONE) YES NO	HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO	
IAVE YOU EVER BEEN EVICTED? CIRCLE ONE) YES NO	HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO	
SIGNATURE:	SIGNATURE:	

IMPORTANT

Please complete this form and return it to Ameri-Tech with your owner/tenant application. Applications received without this form will not be processed.

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS