

**WATERS EDGE PHASE II HOMEOWNERS ASSOCIATION
OF VERO BEACH, INC.**

C/o A. R. Choice Management, Inc.
100 Vista Royale Blvd, Vero Beach, FL 32962
(772) 567-0808, Fax: (772) 567-2551
Email: ~ francine@archoice.com

LEASE - OVERVIEW - RENTAL

- ❖ Waters Edge Phase II Homeowners Association of Vero Beach, Inc. Owner(s) shall give to the Board of Directors, or A.R. Choice Management Inc. This Application Form, fully completed, with the proposed Rental Contract attached, must be received by the Association not less than twenty (20) days prior to the first day of rental. (*Saturdays, Sundays, Holidays, and the day of receipt excluded*). Missing and/or any incomplete information will cause the application to be returned to the owner without action(s) being taken.
- ❖ The Board of Administrators requires an orientation meeting of any intended occupants as condition of approval.
- ❖ No lease and/or rental agreement shall be made with a lease term which is less than a six (6) month period, nor shall a lot be leased more than two (2) times during any twelve (12) month period.

APPLICATION FEE

- ❖ A Fifty Dollar (\$50.00) Application Fee is payable to Waters Edge Phase II Homeowner's Association is required.

~ Please **PRINT** All the Information ~

WATERS EDGE PHASE II HOMEOWNER

Owner Name (s): _____

Rental Address: _____

City: _____ **State:** _____ **Zip:** _____

Res: (____) _____ **Cell:** (____) _____ **Work** (____) _____

Email Address: _____

Comments: _____

~ **Alternate Mailing Address** (if different than property rental address) ~

Owner's Address: _____

City: _____ **State:** _____ **Zip:** _____

Res: (____) _____ **Cell:** (____) _____ **Work** (____) _____

Email Address: _____

Comments: _____

HOME OWNER

Dated

Owner Signature

RENTAL INFORMATION

Date of Lease/Rental: *From:* _____ *to:* _____

RENTER / LESSEE

Are you Leasing/Renting this home for?

_____ *Personal Housing* _____ *Rental to Others* _____ *For Relatives*

Please PRINT All The Information ~

Renter Name (s): _____

SERVICE MEMBER: Yes _____ No _____

If yes, please provide a copy of your service member I.D. for our association records.

NAME OF SPOUSE: _____

SERVICE MEMBER: Yes _____ No _____

If yes, please provide a copy of your service member I.D. for our association records.

- *The term "service member" is defined to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.*

Home Address: _____

City: _____ *State:* _____ *Zip:* _____

Res: (____) _____ *Cell:* (____) _____ *Work* (____) _____

~ Please provide contact numbers while in residence ~

Res: (____) _____ *Cell:* (____) _____ *Work* (____) _____

Your Email Address: _____

~ (*Contact Person In Case Of Emergency*) ~

Contact Name (s): _____

Rental Address: _____

City: _____ *State:* _____ *Zip:* _____

Res: (____) _____ *Cell:* (____) _____ *Work* (____) _____

Please list the names and relationship of those who will regularly occupy this address;

PETS

(No more than two (2) pets per house)

Will you have pet (s) in the house? ___ *Yes* ___ *No* If yes, how many? _____

Breed/Age: _____ Breed/Age: _____

If yes, please note a **picture of the pet(s)** is required with this application.

NOTE: Florida law requires dogs/cats to be vaccinated for Rabies annually. If renting for more than four (4) months, the dog (s) must be licensed in Indian River County. The County requires pets to be on a leash when off private property. A leash law is in effect at Waters Edge Phase II Home Owners Association of Vero Beach, Inc. In addition, the County as well as Waters Edge Phase II, requires that all owners and/or renters remove feces.

ATTESTATION

I HEARBY CERTIFY THAT ALL THE ABOVE AND ENCLOSED INFORMATION IS CORRECT AND I HAVE RECEIVED A COPY OF THE FOLLOWING DOCUMENTS FROM THE OWNER, REAL ESTATE AGENT OR WATERS EDGE PHASE II HOME OWNERS ASSOCIATION OF VERO BEACH, INC., BOARD OF DIRECTORS.

_____ Declaration of Covenants and Restrictions _____ By-Laws and Amendments
_____ All Amendments Thereto

Dated

Applicant Signature

RESERVED FOR ASSOCIATION USE

Application Received: *Date:* _____ *Time:* _____

APPROVED (_____) (_____) DENIED

\$50 application fee- Check Number _____

Notes:

Board of Director Signature: _____ ***Title*** _____