GOLDEN STRAND APARTMENTS, INC., A CONDOMINIUM c/o Sunstate Association Management, Inc. P. O. Box 18809, Sarasota, FL, 34276 Email: <u>Allapplications@sunstatemanagement.com</u> TENANT UNIT OCCUPANCY APPLICATION

<u>TO BE COMPLETED BY ALL TENANT(S)</u> (Defined as any person other than Owner's spouse, parents, siblings and their descendants):

The undersigned **Applicant(s)** hereby certify that all information in this Application for Tenant Occupancy of Unit of Golden Strand Apartments, Inc. is true, correct and complete (all information must be complete and clearly legible):

Occupancy Dates:			Occupancy Dates:		
Unit Number:			Unit Number:		
Tenant Applicant: (Print All Legibly)			Tenant Applicant: (Print All Legibly)		
Name:			Name:		
Address:			Address:		
Address:			Address:		
City/State/Zip:			City/State/Zip):	
DOB:Te			DOB:	Tel	
Email			Email		
Have you been convicted of a felony?			Have you been convicted of a felony?		
If your answer is "yes", a	separate sheet d	escribing th	ne circumstances mus	t accompany this a	application. Driver
Lic. State:No			Driver Lic. State:	No	Motor
Vehicle (Limited to One	e(1) ONLY Per	Unit Parke	ed on the Premises):		
Type (Sedan,SUV,etc.) _		<u>&</u> Total Le	ength(Max 19.5 ft)	(See Rules	and Regulations) Make/
Model:	Color:	Year:	Lic.No./State:		
(Golden Strand bicycle II one from earlier visits. Se		-		ve on the premises	s if you do not have
Bicycle Make:	Color:		Police or Golden Strand IDNo		
2 nd Bicycle Make:	Color:		Police or Golden Strand ID No		
IN CASE OF EMERGEN	NCY, CONTAC	T:			
Name:		Tel		Relationship:	
Name:		Tel		Relationship:	

We understand and agree we must promptly update this information when/if we plan to change the vehicle or bicycles listed on this application, or there is change in any other information above.

We certify we have read and understand the Condominium Rules for Non-Owners of Golden Strand, especially those concerning no pets, occupancy limits, trash and recyclables procedures, laundry, bicycles, motor vehicles, parking, pool and other common areas, and agree that we will strictly comply with them. We understand that no Tenant shall use the Unit for any use other than a single family residence and in **full compliance with the Condominium Rules for Non-Owners of Golden Strand, sub-**leasing is strictly prohibited and persons may not occupy the Unit during the tenancy when Tenant(s) are not in residence. Approval of the Board of Directors or its authorized committee is required before you occupy the premises. Applications submitted to the Board less than 30 days before the date of proposed occupancy are subject to rejection, so it is in Applicant's best interest to submit this fully completed application to the Owner without delay.

Tenant/Applican	t Signature:	Tenant/Applic	ant Signature:	
Date:	Tel No.	Date:	Tel No.	
	****	****	****	

TO BE COMPLETED BY OWNER/AGENT:

The undersigned **Owner(s)**, personally or acting through their authorized licensed Florida Real Estate Agent identified below, request Board of Directors approval to lease/loan Golden Strand Unit No. _____, located at CIRCLE ONE (716 Granada building) or (109 The Esplanade S. building), and assigned parking space No. _____, to the **Tenant(s)** described above. The proposed **Lease/Loan Term** shall begin on

_______, 20______, 20______, (more than 30 days after complete application is received by Management) and end on ________, 20_____. There has been no more than one other Tenant (whether by Lease or Loan) who has occupied, or will occupy, this unit during the twelve (12) month period beginning July 1 of the year during which this proposed lease/loan term occurs. The total occupancy by both Tenants/ Occupants will not exceed 182 days. This includes any occupant of the Unit other than Owner, Owner's spouse, parents, siblings and the descendants of any of them. We understand the no Owner shall lease, loan or permit occupancy of their unit without first submitting this application at least 30 days before the date of proposed occupancy and obtaining approval of the Board of Directors or its authorized committee. The Owner/Agent certifies that all necessary liability and casualty insurance, including coverage for rental risks, is in effect and will remain in effect for the term of this lease, and agrees that all contact information provided to Golden Strand shall be kept current. **Owner (and Agent) are acting in full compliance with the Golden Strand Rules and Regulations** to the best of my knowledge and belief after due inquiry. This Application is based upon **all facts** stated herein, **which I certify are true and correct.**

Owner/Agent Signature:	Print Owner Name:
Cell Number:	Print Agent Name:
Date	Real Estate Firm:

NOTE: This fully completed application must be timely submitted to Golden Strand Apartments, Inc., A Condominium, c/o Sunstate Association Management Group` at the above address or by email to <u>Allapplications@sunstatemanagement.com</u>

FOR BOARD USE ONLY

Golden Strand Unit No. _____CIRCLE ONE (716 Granada building) or (109 The Esplanade S. building)

Assigned parking space No.

Beginning of Proposed Lease/Loan Term: _____, 20____

End of Proposed Lease/Loan Term: _____, 20____

Board of Directors or Lease Committee Decision/Action:

If approved, this Application is approved subject to all applicable Rules and Regulations of Golden Strand, and in reliance on the accuracy of all information stated herein.

Disapproved: _____ Approved: _____ Signature: _____

Title: _____ Date: _____

Other: