

Sussex

On The Bay
Condominium Association, Inc.
270 North Collier Boulevard
Marco Island, Fl. 34145

Managed by
Spinnaker Cay Management Company
239-642-8872

LONG TERM RENTAL APPLICATION FORM (7 months or greater)

() I () We hereby apply for approval to lease unit no. _____ at Sussex on the Bay

for the period beginning _____ and ending _____

A copy of the lease must accompany this application

Please type or print legibly the following information:

DATE _____

FULL NAME(S) OF EACH APPLICANT :

ADDRESS OF EACH APPLICANT

HOME PHONE (S) _____ CELL PHONE (S) _____

NUMBER OF OCCUPANTS _____

Note: This lease approval is for the applicants listed only. Please state the name, relationship and age of all other persons, if any, who will be occupying the unit in addition to the applicant (s).

NAMES OF OTHER OCCUPANTS: (list relationship to renter)

EMPLOYER OF APPLICANT (s) _____

VEHICLE INFORMATION: Year _____ Make _____ Model _____

License plate # _____

Note: No commercial vehicles allowed (see Rules & Regulations)

LIST THREE PERSONAL REFERENCES:

Name _____ Address _____

City/State _____ Zip _____ Phone _____

Name _____ Address _____

City/State _____ Zip _____ Phone _____

Name _____ Address _____

City/State _____ Zip _____ Phone _____

Person(s) to be notified in case of emergency: _____

Address _____ Phone _____

NAME OF UNIT OWNER _____ PHONE _____

Mailing address for billings and notices connected with this application:

Name _____ Address _____

City/State _____ Zip _____ Phone _____

RENTAL AGENT/COMPANY _____ PHONE _____

Board Member Signature _____

Date _____



Investigative Services, Inc.
Experience - Integrity - Results

APPLICATION FOR CRIMINAL REPORT
APPLICATION FOR CREDIT REPORT
(Check box for requested reports)

Applicant 1 - Print Name _____
Applicant 1 - SSN _____ **Applicant 1 - DOB** _____
Applicant 1 - Contact Information _____
Applicant 1 - Current Address _____
City _____ State _____ Zip _____

Applicant 2 - Print Name _____
Applicant 2 - SSN _____ **Applicant 2 - DOB** _____
Applicant 2 - Contact Information _____
Applicant 2 - Current Address _____
City _____ State _____ Zip _____

REQUESTING ASSOCIATION: _____
FAX REPORT TO: _____
E-MAIL REPORT TO: _____

We certify that having read the above application and agree all information therein is true and correct. We authorize your agents to obtain a criminal and/or credit report for tenancy or ownership.

Applicant 1 - Signature _____ **Date Signed** _____
Applicant 2 - Signature _____ **Date Signed** _____

FOR OFFICE USE ONLY

Type of report requested (check one): SINGLE JOINT

Submitted By: _____ **Account #137200**

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