

Bay Harbor Club of Bonita Beach
Condominium Association, Inc

26225-26235 Hickory Blvd
Bonita Springs, FL 34134

TENANT OCCUPANCY APPLICATION

In Accordance With The Governing Documents Of This Association,
This Form Must Be Submitted For Any Lease Or Rental **20 Days Prior To Occupancy.**

BOARD APPROVAL: Must Be Received Prior To Occupancy.

LEASE TERM: Minimum 30 days or 1 Month; Maximum Of 12 Months

Please include all information. An incomplete application will not be accepted and will be returned.

Owner Of Record _____ Bldg / Unit _____

Phone # _____ Email Address _____

Reserved Parking Space Number _____ Boat Slip Number _____

Term Of Lease: From _____ To _____

Applicant's Name _____

Co Applicant's Name _____

Applicant's Present Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Email Address _____

Condominium documents of Bay Harbor Club Condominium Association state that:

- All units are for single family residence only.
- Leased units have a maximum occupancy of 5 persons including children.

Bay Harbor Club Tenant Occupancy Application

State the name and relationship to Tenant of all other persons who will be occupying the unit:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Auto #1: Make _____ Color _____ Yr _____ Lic _____ St _____

Auto #2: Make _____ Color _____ Yr _____ Lic _____ St _____

Description of any bicycles _____

I/we understand that no pets will be permitted on the premises Tenant's Initial(s) _____

I/we understand that recreational vehicles, trucks, boats on trailers, or trailers have restricted parking, as explained in the rules and regulations. Tenant's Initial(s) _____

I/we acknowledge receipt of and have read and agree to abide by the rules and regulations for Bay Harbor Club Condominium Association, Inc. Tenant's Initial(s) _____

Signature Of Applicant _____ Date _____

Signature Of Co-applicant _____ Date _____

I/we acknowledge that unit owners are responsible for fines and penalties incurred by the action(s) of their guests, tenants, or other person in their unit. Owner's Initial(s) _____

Signature Of Owner or Agent _____ Date _____

Name Of Real Estate Co (If Applicable) _____

Agent Address _____

Agent Email Address _____

Agent Phone # _____

ACTION OF ASSOCIATION

Approved _____ Disapproved _____ Date of decision _____

By _____ Title _____