



Seychelles II Condominium Association, Inc.

Dear Interested Party:

Thank you for your interest in leasing a property at Seychelles II Condominium Association. The community's governing documents require all lease applications, to be submitted and approved by the Board of Directors before moving in. In this package, you will find all the necessary information with the procedures for submitting your request, what is needed, and what to expect to make your move into our community a pleasant experience.

The following items are required before submitting your package for processing review:

A copy of the lease agreement, a valid copy of a government issued identification (id, driver's license, passport) for each applicant, a check or money order in the amount of 100.00 for a non-refundable application fee, and a check or money order in the amount of \$40.00 per person for background check made payable to "Seychelles II Condominium Association" must all be attached to this application and sent to the Association C/O Evergreen Lifestyles Management, 270 W. Plant Street, suite 340, Winter Garden, FL 34787. **This application will NOT be reviewed until all fees and information are submitted.**

The information described above must be submitted at least twenty (30) days before the starting lease date. By submitting this application, I consent to the Association performing a criminal background check and a credit check. I understand that the Association may deny my application based on the background information obtained.

A unit shall not be leased or rented without the prior written approval of the Association, which approval shall not be unreasonably withheld, provided, however, that a unit owner shall be prohibited from leasing his/her unit (a) more **than** three (3) times per calendar year and (b) for a term of less than thirty (30) days.

I/WE DECLARE THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. (ANY INTENTIONAL MISREPRESENTATIONS SHALL BE A BASIS FOR AUTOMATIC DISAPPROVAL). I/WE UNDERSTAND THE APPLICATION FEE IS NONREFUNDABLE. I/WE AM/ARE AWARE OF AND AGREE TO ABIDE BY THE DECLARATIONS, ARTICLES OF INCORPORATION, BYLAWS, AND ALL PROPERLY PROMULGATED RULES AND REGULATIONS OF THE ASSOCIATION AND ACKNOWLEDGE THAT THE ASSOCIATION MAY TERMINATE A LEASE UPON DEFAULT BY THE TENANT(S) IN OBSERVING ANY OF THE PROVISIONS IN THE DOCUMENTS. I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS.

I/WE ACKNOWLEDGE THAT I/WE MAY NOT OCCUPY THE PREMISES PRIOR TO RECEIVING APPROVAL TO DO SO FROM THE ASSOCIATION.

IF, AT ANY TIME DURING THE TERM OF MY LEASE, THE OWNER/LANDLORD BECOMES DELINQUENT IN THE PAYMENT OF ASSESSMENTS TO THE ASSOCIATION, THE ASSOCIATION MAY MAKE A DEMAND UPON ME, AND I WILL FORWARD ALL RENT PAYMENTS AFTER THE DATE OF THE DEMAND TO THE ASSOCIATION UNTIL THE ASSESSMENTS ARE PAID IN FULL, PURSUANT TO FLORIDA STATUTES SECTION 718.116(11)
(a)

**LESSEES SHALL NOT BE ALLOWED TO BRING PETS ONTO THE CONDOMINIUM PROPERTY
WITHOUT THE ADVANCE APPROVAL OF THE ASSOCIATION.**

**NO COMMERCIAL VEHICLES ARE TO BE KEPT ON THE PROPERTY UNLES PARKED WITHIN AN
ENCLOSED GARAGE.**

Print Name: _____ Application Signature: _____ Date: _____

Print Name: _____ Application Signature: _____ Date: _____

A copy of the approved application should be sent to the following:

Mailing Address: _____

*******APPLICANT DO NOT WRITE BELOW THIS LINE*******

Lease application has been ____ Approved ____ Denied

By: _____ Title: _____ Date: _____

Copy of the lease attached: Yes ____ No ____

Check, or money order for \$100.00 non-refundable application fee: Yes ____ No ____

Check, or money order for \$40.00 per person background check: Yes ____ No ____

Reason for action taken:
