



“On the Beautiful Indian River”

7350 N. US Highway #1

Port St. John, FL 32927

On site Office: 321-639-3360 On site Fax 321-639-6300

Property Management: Reconcilable Differences

Office Phone: 321-799-0660 Fax: 321-799-0630

Sunrise Landing Unit Owners and Agents

Rental of Condominium Units

It is the responsibility of the Sunrise Landing Condominium Association (SLCA) Board of Directors to govern this complex by the “Declaration of Condominium,” the “By-Laws,” and the “Rules and Regulations.” Accordingly, “Article XIX and XX, pages 28 & 29 of the Declaration must be followed when selling and/or renting your unit. No rentals of less than 180 days (6 months) are permitted per an August 1991 amendment.

The Unit Owner/Agent is responsible for completion of this guideline document with the attached “Rental Profile Form”. This form must be returned to either the Management Office or the SLCA Office for appropriate review of references before an interview can be conducted with your prospective renter. A copy of the tenant lease should be provided.

Prior to occupancy of Unit by a tenant, an interview by Board members is **REQUIRED**. The prospective tenant can call the SLCA office to schedule an appointment. At this interview, the SLCA Rules and Regulations will be reviewed and tenant will provide **TWO** checks made payable to Sunrise Landing Condominium: One in the **non-refundable amount of \$50.00** for screening and defraying expenses and one in the amount of **\$500.00, which is a refundable** damage deposit for common owned amenities. Upon lease expiration, tenant must request refund. The Association will deduct any key losses or damages by tenant to the common owned amenities, as stated in Article 19, Section 6, page 29. A prompt refund will be mailed to a forwarding address supplied by the tenant at termination of lease.

Upon completion of the interview, a non-reproducible key to the pool facilities, assigned by a unique number, can be obtained for a refundable deposit of \$5.00. If this key is lost or stolen, a \$50.00 payment is required to obtain a replacement key. If key is not returned at the expiration of lease the \$5.00 deposit will not be returned and tenant shall pay \$50.00 from the Damage Deposit to cover the cost of a replacement key. Vehicle security decals are required and can be obtained from the office as well.

Please be advised the Rules and Regulations of this condo association are strictly enforced. Repeated violations of these Rules and Regulations may result in legal action being taken against the unit owner and fines being levied against the Tenant’s \$500 damage deposit as stated above.

Sunrise Landing Condominium/ Renter Profile

Note: Board Approval is Required Prior to Occupancy

OWNER INFORMATION:

Requested Move-in Date _____

Owner Name: _____ Phone # _____

Building # _____ and Unit # _____

Realtor/Agent Name (If applicable) _____ Phone # _____

TENANT(S) INFORMATION:

Tenant Name(s): _____ Phone # _____

Employer Name(s): _____ Phone # _____

Occupation(s): _____ How Long _____

Tenant Name(s): _____ Phone # _____

Employer Name(s): _____ Phone # _____

Occupation(s): _____ How Long _____

Names of children in residence _____ Ages _____

Lease Term: From _____ To _____

Email Address: _____ @ _____

In case of an emergency, contact _____

(Name) (Relationship) (Phone Number)

Vehicle(s): (Colored Copy of Driver's License and Car Registration Required)

Year _____ Make _____ Model _____ Tag# _____ State _____

Year _____ Make _____ Model _____ Tag# _____ State _____

Pet: Cat _____ Dog _____ Weight: _____ (29 lb. limit) Other: _____

REFERENCES:

Previous Landlord: _____ Phone # _____

Previous Address _____ How Long _____

Business/Personal Name: _____ Phone # _____

TENANT/OWNER ACKNOWLEDGEMENT:

**I understand that this complex is governed by rules and regulation that are a part of my lease and I have received a copy of these rules and regulations.

**Sunrise Landing Condominium Assn. is NOT responsible for collecting funds for damage incurred to any unit. Our function is the management and maintenance of the common owned areas ONLY.

Signed: _____ Signed: _____
Owner/Agent Tenant(s)

Date: _____ Signed: _____
Tenant(s)

Date: _____

BOARD INFORMATION

Deposits Received: Check # _____ Amount: \$500; Check # _____ Amount: \$50.00

Board Approval: _____

Deposit Check to be returned to (Name): _____

Board Member Signature: _____