

The Condominiums of Indian Harbour Association, Inc.

c/o Vesta Property Services
2040 Highway A1A, Suite 208
Indian Harbour Beach, FL 32937

RENTER INFORMATION APPLICATION

This form is to be submitted to Vesta Property Services at least ten (10) days before the unit is occupied. It must be amended whenever any contact information or occupancy changes are made.

It is understood that person(s) named herein will be the only occupant(s) of the unit involved.

Unit Number: _____ Rental Period: _____

Unit Owner: _____

Occupant

Name: _____

Is Occupant Over 55? (This is a 55 and over community): _____

Primary Mailing Address: _____

Telephone #: _____ Other Telephone #: _____

Email Address: _____

Vehicle: License: _____ Yr/Make: _____ Color: _____

Pet (Description & Name): _____

Please include evidence of current vaccinations.

Additional Occupant

Name: _____

Is Occupant Over 55? (This is a 55 and over community): _____

Primary Mailing Address: _____

Telephone #: _____ Other Telephone #: _____

Email Address: _____

Vehicle: License: _____ Yr/Make: _____ Color: _____

Pet (Description & Name): _____

Please include evidence of current vaccinations.

Contact Information

Emergency Contact: _____

Address: _____ Phone: _____

I have been given a copy of the Condominium Documents and the official **RULES AND REGULATIONS** of the Condominiums of Indian Harbour Association. **I have read the rules and agree to comply with them.**

Signed: _____ Date: _____

Signed: _____ Date: _____

In our procedure for processing your application, a criminal background report will be run. The total cost is \$50.00 per applicant (per person) (prices subject to change) and checks should be made to Vesta Property Services. These inquiries include information as to your character, general reputation, and personal characteristics. In order to complete the background check, please provide your social security number and date of birth. Once the background check is complete all social security numbers will be blacked out on the application.

Applicant: _____ Date: _____

Social Security Number: _____

Date of Birth: _____

Applicant: _____ Date: _____

Social Security Number: _____

Date of Birth: _____

PLEASE RETURN VIA MAIL OR EMAIL TO:

info-sc@vestapropertyservices.com

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Indian Harbour Beach, FL 32937**

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c/o Vesta Property Services
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Indian Harbour Beach, FL 32937

Date: _____

I, (We) _____

Hereby authorize the Condominiums of Indian Harbour Association, Inc., to request a criminal background report in my (our) names. The cost of the report is a **non-refundable \$50 fee**, per applicant (per person), which will be paid at my (our) expense. Further, I (we) agree that the report is to be used only by Condominiums of Indian Harbour Association, Inc.