

BRINY BREEZES, INC.
5000 N. OCEAN BLVD.
BRINY BREEZES, FL. 33435

LOT # _____
OWNER _____
DATE: _____

NON-PAYING FAMILY RESIDENT GUEST APPLICATION FOR OCCUPANCY

***** This applicant must be submitted 10 days in advance and approved for any non-paying Family Resident Guest staying longer than two weeks. *****

(Applicant must be a member of the Owner's immediate family; children, parents, siblings, aunts, uncles, nephew, nieces and grandchildren – NO EXCEPTIONS) >

Name of Owner: _____ Unit # _____

NAMES OF APPLICANTS: (Please print or type)

1. _____ Cell # _____

2. _____ Cell # _____

Permanent Address _____ ID CARD # _____

_____ DECAL # _____

I (we) will occupy unit from _____ to _____ 20 _____

I attest that I am a _____ of the owner and I am not paying any rent or
(child, parent, sibling, aunt, uncle, nephew, niece, grandchild)
compensation during my stay.

I attest that I am a _____ of the owner and I am not paying any rent or
(child, parent, sibling, aunt, uncle, nephew, niece, grandchild)
compensation during my stay.

I hereby agree to abide by the Rules of Briny Breezes as established by the Board of Directors. Repeated violations are considered a breach of contract and may be cause for termination of occupancy. Misrepresentation on this application is grounds for rejecting this application.

Signature _____

Signature _____

WILL YOU BE BRINGING A PET? YES _____ NO _____
ONLY ONE (1) PET ALLOWED IN PET DISTRICTS 1, 4. PETS ARE NOT ALLOWED IN DISTRICT 2, AND ONLY IN UNITS B-201 THROUGH F-212 IN DISTRICT 3.

IN EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship: _____

Address _____ Phone _____

BASIC PARK RULES APPLYING TO GUESTS

- 1. OCCUPANCY OF TRAILER is limited to 3 persons in trailer up to and including 24' or 4 persons in trailer 25' and over, or trailer with 2 or more bedrooms, occupancy is limited to normal sleeping capacity.
- 2. Register at the office upon arrival and departure.
- 3. Resident guest must make themselves available for the first offered Orientation Meeting so that they may be made acquainted with Park Rules. Any violation may subject them to being asked to leave the Park.
- 4. Owners are responsible for payment of guest fees where applicable and all costs incurred by said guest.
- 5. A guest may receive mail in the resident's mail box. ALL mail for guest must be addressed "IN CARE of" the resident.
- 6. A "GUEST badge is a requirement, fee paid at the office. Badges must be worn in the park and it is required for entry into the pool, laundry and beach.
- 7. The resident guest will be provided with a copy of Briny Breeze's Rules and Regulations.
- 8. Golf carts must be insured and registered at the office with proof of insurance.
- 9. Parking decals must be adhered to the back-window driver side.

By this application, I hereby agree to abide by the Rules of Briny Breezes as established by the Board of Directors. Repeated violations are considered a breach of contract and may be cause for termination of occupancy. Misrepresentation on this application is grounds for rejecting this application.

Signature of Applicant _____ Date _____

Signature of Owner _____ Date _____

APPROVED: DATE: _____
RULES RECEIVED: _____
ORIENTATION COMPLETED: _____

SIGNATURE: _____
DATE: _____
DATE: _____

**BRINY BREEZES INC.
BACKGROUND CHECK AUTHORIZATION FORM**

PLEASE INCLUDE COPY OF DRIVER'S LICENSES AND SOCIAL SECURITY CARDS TO CONFIRM IDENTITY. If you do not have a social Security Card, please include a copy of your Passport or current identification card. Please have readable copy.

Please notify your Landlord(s), Employer(s) and Character References that we will be contacting them to obtain a reference pursuant to your application.

Please allow 30 days from date the complete application is submitted to the Briny Breezes office.

If either applicant has falsified, deliberately misled or omitted to mention any information on your application you may not be approved for purchase, lease and/or occupancy.

I hereby authorize the release of any and all information requested with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references to Tenant Evaluation LLC. This information is to be used for my/our background report for my/our Application for Occupancy.

I/We hereby waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to Tenant Evaluation LLC, Property Manager, and Board of directors and the Landlord for their exclusive use only.

I/We further state the Authorization Form was signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

I/WE UNDERSTAND THAT THE APPLICATION FEE IS REQUIRED AND NONREFUNDABLE REGARDLESS OF THE OUTCOME OF THE APPLICATION.

Applicant's Signature	Date	Applicant's Name Printed

Applicant's Signature	Date	Applicant's Name Printed

(Include copies of driver's licenses, social security cards/passport or current identification card.)