

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

DATE: _____
OWNER: _____
UNIT # _____

FAMILY RESIDENT GUEST APPLICATION FOR OCCUPANCY

All Family Resident Guest must be non-paying occupants.

Application must be submitted 10 days prior to arrival.

Family Resident Guest staying longer than 30 days in any 12-consecutive month period must have a background check.

(Applicant must be a member of the Owner's immediate family; children, parents, siblings, aunts, uncles, nephew, nieces, grandchildren & their respective spouses. NO EXCEPTIONS)

*****DOCUMENTATION IS REQUIRED TO PROVE FAMILY RELATIONSHIP OF STOCKHOLDER AND GUEST*****

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 compensation during my stay,
(child, parent, sibling, aunt, uncle, nephew, niece, grandchild)

SIGNATURE _____

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

SIGNATURE _____

WILL YOU BE BRINGING A PET? YES ___ NO ___ *PLEASE PROVIDE SHOT RECORDS* 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 _____

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. Rules have been provided. See also on www.brinybreezes.us

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

Signature of Owner _____ 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
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Applicant's Signature	Date	Applicant's Name Printed
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(Include copies of driver's licenses, social security cards/passport or current identification card.)