## DUNEDIN PALMS HOMEOWNERS ASSOCIATION, INC.

130 Patricia Ave., Lot 19 Dunedin, FL, 34698 (727) 733-2393

## **APPLICATION FOR PROPOSED RENTER(s)**

TO: BOARD OF DIRECTORS			8	DATE:	
HOMEOW	NER(s) NAI	ME:(Last	<del>(</del> )	(First)	(Lot #)
ADDRESS:					
	Street				
	City		State		Phone Number
is from	months or	to		_, which is a MIN	The rental period IMUM rental period s per the DPHAI Rules
			Please Pr	<u>int</u>	
RENTER(s)					
ADDRESS:		ast)		(First)	
	(Street)				
(City)		(State)	(Country)	(Postal Code)	(Phone Number)

Renter, please fill out the Tenant Information Form which is attached. Proof of age must be attached to this form, i.e. Drivers License, Passport, etc.. Occupancy is limited to a maximum of two(2) individuals, one renter must be at least Fifty Five(55) and the other must be at least Fifty(50) years of age. Proposed renter(s) hereby acknowledges that only persons named as parties on this application may regularly occupy the Cooperative parcel. Occasional overnight guests may occupy the Cooperative parcel as well, but such visitsations shall be limited to a total not to exceed two(2) consecutive weeks. No guests shall be permitted to occupy the Cooperative Parcel or utilize the facilities when the Renter(s) named in this agreement are not in residence. If the proposed renter(s) move in without this paperwork completed and THE APPROVAL OF THE BOARD OF DIRECTORS they will be subject to eviction.

Renters will receive a copy of the DPHAI Rules and Regulations regarding conduct within the park, upkeep of the property, and understand their residency will be subject to you, the Homeowner.

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## I/WE HAVE RECEIVED A COPY OF THE COOPERATIVE'S RULES AND REGULATIONS AND WILL ABIDE BY THEIR CONTENTS.

(Signature of Renter)	(Date)	(Signature of Homeowner)	(Date)
(Signature of Renter)	(Date)	(Signature of Homeowner)	(Date)
BOA	ARD APPROVED/	<b>DISAPPROVED</b>	
(Name)	(Title)	Yes/No	(Date)
(Name)	(Title)	Yes/No	(Date)
(Name)	(Title)	Yes/No	(Date)
(Name)	(Title)	Yes/No	(Date)
(Name)	(Title)	Yes/No	(Date)
(Name)	(Title)	Yes/No	(Date)
(President, DPHAI)			(Date)

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