

**DEL MAR ASSOCIATION, INC.  
A 55+ SINGLE FAMILY RESIDENTIAL CONDOMINIUM COMMUNITY  
5400 NORTH HIGHWAY A1A  
INDIAN RIVER SHORES. FLORIDA 32963  
TELEPHONE: 772-231-1616\* FAX: 772-231-6891**

**NEW LEASE APPLICATION**

Prospective Applicant:

Your cooperation in carefully reading the attached form and following all instructions therein will expedite the processing of your application.

All new applicants will need to submit a completed form, copy of drivers' license and a copy of your vehicle registration. **You will need a \$100.00 check made payable to Del Mar for the annual administrative fee and \$100.00 check for a one time application fee.**

Please make sure you have read and understand all rules and regulations of the community. If you do not have a copy of the rules, please notify the office and we will provide you with a copy.

**Both Tenant and Owner must sign the new application form.**

**You must check in at the office upon your arrival for orientation.**

Any questions, please contact the office at 772-231-1616.

Del Mar wants to make sure your stay is a pleasant one.

Regards,

Del Mar Association, Inc.

## APPLICATION FOR DEL MAR LEASE APPROVAL

BLDG. # \_\_\_\_\_ Unit # \_\_\_\_\_ Date of Application \_\_\_\_\_

Lease dates From \_\_\_\_\_ To \_\_\_\_\_

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

### Emergency Notification Information

Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_

**Automobile Information:** Any car parked overnight on DM property must be registered with the Association and display appropriate parking permit. Permitted vehicles include any vehicle with a passenger compartment that extends over the rear wheels, with windows all around and seating for up to 7 passengers. No trucks, boats, campers, trailers or motorcycles are permitted over night as per the Town of Indian River Shores code # 161.02

Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag # & State \_\_\_\_\_

Year \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag # & State \_\_\_\_\_

### Realtor Information, if being handled by a Realtor

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Agent Name \_\_\_\_\_ Phone # \_\_\_\_\_

### RULES & REGULATION AKNOWLEDGEMENT

I/we have read the Association rules and regulations and agree to abide to all

Lessee Signature \_\_\_\_\_ Date \_\_\_\_\_

Lessee Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_