

**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**

LEASE RENEWAL APPLICATION

Prospective Applicant:

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

All renewal applicants will need to submit a completed renewal 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.**

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 renewal application form.

You must check in at the office upon your arrival.

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.

DEL MAR LEASE RENEWAL APPLICATION

This lease is to be used when the current lease term expires and a new lease is written for the same or different unit when the following conditions are met:

- If you have previously leased any unit within the Del Mar Community with a lapse of not more than two (2) years from termination of the previous lease to the start of a new lease.
- The name(s) of the Lessee(s) on the new lease corresponds exactly to the names on the previous lease and proof of age for each lessee and any other occupant is on file.

If all of the above conditions are met, the completed application form, copy of State Vehicle Registration must be submitted to Del Mar Office, 5400 North A1A, Vero Beach, Florida 32963.

If the conditions are not met, the applicant must be processed as a new Lease.

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION

Applicant Name _____ Date of Birth _____

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Home Address _____

City _____ State _____ Zip _____

Emergency Notification Information:

- In case of emergency only

Name _____ Phone # () _____

New Lease

Information/Dates of Lease ____/____/____ to ____/____/____ Building _____ Unit # _____

Name of Unit Owner (Lessor) _____

Name of Realtor (if any) _____ Phone # _____

Last Lease

Name of Unit Owner (Lessor) _____ Building _____ Unit # _____

I hereby agree, for myself and on behalf of other persons who may reside in or visit the subject unit during the term of the proposed lease, to accept and comply with all applicable conditions, rules and restrictions imposed by the Del Mar Association,

Lessee _____ Date _____ Lessor _____ Date _____

- The unit may be occupied only as a single family residence as defined by the Town of Indian River Shores, Florida.