

Have you ever owned or rented in Silver Shores before? Yes \_\_\_\_\_ No \_\_\_\_\_

Where \_\_\_\_\_ When \_\_\_\_\_

The Association is hereby authorized to act as my agent for the enforcement of compliance by the renter and guests and invitees of renter with all provisions of the governing documents of Silver Shores Leaseholders Association, Inc.

I/we (Leaseholder or authorized Agent) understand that compliance with the above is my responsibility as the Leaseholder and that **I/we will be liable for any of my Renters' violations.**

DATED \_\_\_\_\_ AGENT \_\_\_\_\_

SIGNED \_\_\_\_\_ Leaseholder AGENCY \_\_\_\_\_

SIGNED \_\_\_\_\_ Leaseholder PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

RENTER'S FULL NAME \_\_\_\_\_ DOB \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

RENTER'S FULL NAME \_\_\_\_\_ DOB \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RENTER'S EMAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**PERSONAL REFERENCES**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**State the name, relationship, age, and length of stay of all other persons who will occupy your home.**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>AGE</b>	<b>LENGTH OF STAY</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I/we have been given and have read a copy of the current Restated Rules and Regulations of the Silver Shores Leaseholders Association, Inc. and agree to comply with these rules, including:

- 1. SILVER SHORES is an OVER 55 COMMUNITY. No home shall be occupied by a person under 55 years of age unless the home is also occupied by a person over 55 years of age; except, with the approval of the Board of Directors, children of leaseholders who are over 21 years of age may temporarily reside for a maximum of 30 days each calendar year without the leaseholder(s) present. No home shall be occupied by persons under 21 years of age; except, immediate family member less than 21 years of age may reside for 30 days each calendar year providing a leaseholder is present. Each lot shall be used as a residence for a single family and for no other purpose.***
- Renters may register a pet provided they fill in the Pet Registration Form, include a photo of the pet, proof of up-to-date required vaccinations, have the leaseholder approval and signature on the registration form and write a \$100 non-refundable check. All pet rules must be obeyed.
- I/we will wear Recreation Area Tags when using any of the Silver Shores recreational facilities. These tags are available only from the Leaseholder/Agent and are not issued to Renters by the Association. These tags and the two visitor parking tags must be left in the home at the end of the rental period.
- I/we will limit the occupancy of the home to six (6) people including guests.
- I/we agree to talk with the Silver Shores Interview committee prior to rental.
- I/we understand that occupancy prior to approval by the Silver Shores Board of Directors may cause the rental to be voided.

7. I/we represent that all of the above information is factual and hereby grant permission for the Association to make further inquiries concerning this application and the personal references.
8. I/we understand that any approval by the Board of Directors of Silver Shores of my rental of the above property is based on the truthfulness of this application and my compliance with the above conditions and the attached Restated Rules and Regulations.
9. I/we understand and agree the Association's consent to my occupancy may be withdrawn in the event of misrepresentation or my failure to comply with the said Restated Rules and Regulations.
10. I/we agree to have a background check performed by Silver Shores Leaseholders Assn. Inc., or their duly appointed representative(s) at a cost of \$40.00.
11. I/we understand the pool is heated and cooled; however, management makes the decision about closing the pool, with covers on, based upon weather.

Renters please initial here \_\_\_\_\_ that you have read and agree to the above statements.

If you know the phone number where you can be reached while renting in Silver Shores, please list it here so you can be included on the renter's page of the park phone book. \_\_\_\_\_

(Please attach the entry pass that is included in your approval letter to the lower passenger side of windshield. This will allow you to enter Gate 2 after 9:00 p.m.)

DATED \_\_\_\_\_ SIGNED \_\_\_\_\_  
(Renter Over 55)

DATED \_\_\_\_\_ SIGNED \_\_\_\_\_  
(Renter)

\*\* BELOW TO BE FILLED IN A BY BOARD MEMBER \*\*\*\*\*

INTERVIEWER(S) \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS \_\_\_\_\_

This application is  APPROVED  DISAPPROVED Date \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_  
For Silver Shores Leaseholders Association

Notes \_\_\_\_\_

**Renter's Acknowledgement and Receipt  
of Restated and Revised  
Rules and Regulations including Penalty Procedures**

**Effective November 6, 2019**

I/We \_\_\_\_\_ [print name(s) of renter(s)] acknowledge receipt of, have read and agree to the contents of the restated Rules and Regulations of Silver Shores, which include the Procedures and Penalties for Violations.

I/We have read, understand, and agree to the full compliance of any and all such Rules and Regulations. Further, I (we) hereby consent and agree that if I/we or any member of our party do commit any violations of the Rules and Regulations that results in fines or penalties being levied, I/we hereby authorize and direct the Board of Directors to deduct any such penalty or fine amounts from the Security Deposit that has been placed in escrow guaranteeing compliance.

**A \$500.00 security deposit is required with the rental application\***. This amount will be held in a non-interest-bearing escrow account. The balance of this account will be returned once the rental has concluded and it is determined that penalties, if any, have been deducted. Stated process will not exceed 30 days past the rental expiration date.

\_\_\_\_\_  
(Renter's Signature)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
(Renter's Signature)

\_\_\_\_\_  
Date signed

\*First time, long-term renters will be required to include the \$500.00 payment with their application. Returning long term renters must maintain a balance of \$500.00 in the escrow account before their renewal application will be approved.

*Originally Adopted by BOD 3/05/2014*

**SILVER SHORES LEASEHOLDERS ASSOCIATION, INC.**

751 Tropical Drive, Key Largo, Florida 33037

Phone (305) 852-5859 Fax (305) 852-5281 \* e-mail office@sslakeylargo.com

**RENTAL APPLICATION**

This application must be accompanied by:

- ✓ **A \$300.00 of rental application fee (via separate check).**
- ✓ Applications take three weeks to approve. To expedite there is a \$100 fee.
- ✓ A \$500 security deposit (via separate check). This is waived if annual renter has been renting in SSLA for five or more consecutive years.
- ✓ A signed copy of The Renter's Acknowledgment and Receipt of Restated and Revised Rules and Regulations.
- ✓ A \$40 first time renter's "Background Check" fee. **Per person**
- ✓ Proof of Age (55 years or older) for at least one renter.

*Please checks only, NO cash*

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This application is made to the Board of Directors of the Association who, in accordance with Article VI, Section 10, Paragraph 2) of the Bylaws of the Association, have the duty and responsibility for approval or disapproval of proposed Renters of Silver Shores homes. The minimum length of rental period is three months, the maximum length of rental period is one year.

*The purpose of this application is to verify renter(s) comply with SSLA's occupancy requirements as set forth in Section I, Paragraph a (1-13) of SSLA's Rules and Regulations.*

*Silver Shores Leaseholders Association, Inc. is not responsible for the assessment or payment of any taxes, fees or assessments related to the rental of this property. All taxes, fees and assessments are the sole responsibility of the Leaseholder(s).*

*NOTE: Rental applications will NOT be approved for any Leaseholder in arrears on SSLA's monthly maintenance or other fees.*

**PROPOSED RENTAL PROPERTY:**

Address of Rental \_\_\_\_\_

Leaseholder's Name(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Leaseholder's Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Leaseholder's Current Mailing Address \_\_\_\_\_

Proposed Renter \_\_\_\_\_

Proposed Renter \_\_\_\_\_

Rental Period: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year