



LONG TERM RENTAL REGISTRATION FORM

OwnerName.....

EverlandsAddress.....

Phone1#.....Phone2#.....

Primary email.....

Where do you want mail to be sent to?.....Everlands address ().....email ().....alternate address ()

Renters Name.....

Phone#.....Emailaddress:.....

LONG TERM LEASE TERM 6 / 12 months/other.....

(Declarations clauses 13.18, 25.1.2, and 25.2.1.2 apply)

Owners security Deposit in the sum of \$1000.00 required in accordance with (13.18)

Renters Administration Fee in the sum of \$250.00 required in accordance with (25.2.1.2)

(clause 13.18 stipulates that the Association can request up to 1 month's rent for this purpose, to be held as protection against damage to the Association common areas and property. This deposit shall be held in accordance with Chapter 83 of the Florida Statutes. An background check shall be administered by **applications-direct.com** (which has a fee of \$200.00 for administration, and a further fee of \$50.00 per applicant over 18 years old, a further single

fee of \$40.00 is payable for expedited processing)

The Owner of the aforesaid property hereby acknowledges that he/she has undertaken Credit and Background checks on the Renter (as above) at their discretion and satisfaction – no Certificate of Approval shall be provided by Edgewood at Everlands Homeowners Association Inc. and the association shall be held harmless in any Landlord/renter disputes either now or in the future. Owner confirms that Declarations/Covenants/Rules of the Community have been provided to the Renter, Gate access registration forms/MyQ instructions, and Pool Keyfobs, need to be completed and paid for independently.

Copy of signed Lease Agreement to be provided, with this form.

Signature of

Homeowner.....Date.....

Complete form, attach documents and email to Keystone Management at Edgewood@keyirc.com

**EDGEWOOD AT EVERLANDS HOMEOWNERS ASSOCIATION
INC.**

RENTAL SECURITY DEPOSIT & RETURN AGREEMENT

(THIS FORM MUST BE SIGNED BY OWNER AND RENTER AND NOTARIZED)

THE SECURITY DEPOSIT WAS PAID BY:

OWNERS NAME:.....AMOUNT PAID \$.....

1st RENTERS NAME:.....AMOUNT PAID \$.....

2nd RENTERS NAME:.....AMOUNT PAID \$.....

AFTER LEASE EXPIRES THE SECURITY DEPOSIT SHALL BE REFUNDED TO:

(in whole or in part should any damage to Association Common areas and property occur during the term of the Lease)

NAME:.....AMOUNT PAID \$.....

NAME:.....AMOUNT PAID \$.....

OWNERS SIGNATURE:.....PRINT NAME.....

1st RENTERS SIGNATURE:.....PRINT NAME.....

2nd RENTERS SIGNATURE:.....PRINT NAME.....

PROPERTY ADDRESS:.....

DATE OF AGREEMENT.....(INITIAL).....

STATE OF FLORIDA-COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this.....day
of.....202.....by.....Owner of.....,
who is personally known to me or who provided.....as identification.

Notary Public.....

Commission expires:.....