



OCEAN 21-22 CONDOMINIUM ASSOCIATION  
2100 Ocean Dr. S Jacksonville Beach, FL 32250  
Office: 904-249-3500 Text Line: 904-510-7850  
Oceans2122condo@gmail.com  
www.ocean2122.com



**UNIT NO.** \_\_\_\_\_ **PARKING SPACE NO.** \_\_\_\_\_

**RENTAL LEASE APPLICATION**

A Unit Owner Rental Lease Application for each unit that you own within the Ocean 21-22 Condominium must be approved and on file. All information provided is confidential per Florida Statutes (718.11(12)).

**NAME(S) OF TENANTS/CO-TENANTS:**

1. \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**How long at present address:** \_\_\_\_\_ **Rent/Mortgage Amount** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Phone/Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **How Long Employed:** \_\_\_\_\_

**Annual Income:** \_\_\_\_\_

2. \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**How long at present address:** \_\_\_\_\_ **Rent/Mortgage Amount** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Phone/Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **How Long Employed:** \_\_\_\_\_

**DATES UNIT IS TO BE RENTED:** From \_\_\_\_\_ To \_\_\_\_\_

**REALTOR/PERSON/COMPANY TO BE RESPONSIBLE FOR RENTING THIS UNIT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**OTHER PERSONS THAT WILL RESIDE WITHIN THE RENTAL LEASE UNIT:**

Full Name	Age	M/F	Relationship to Tenants/Co-Tenants		

**LIST EACH PET THAT WILL BE LIVING WITHIN THE RENTAL LEASE UNIT:**

Type of Pet	Weight (lbs.)	Description: Breed, color, marking, etc.

**LIST OF PERSONS WHO MAY NEED TO BE CONTACTED IN CASE OF AN EMERGENCY:**

Name	Address	Phone Number

**NUMBER OF KEYS TO BE DISTRIBUTED TO TENANTS:**

Common Area Key: \_\_\_\_ Key to Unit: \_\_\_\_ Garage Door Opener: \_\_\_\_ Mailbox Key: \_\_\_\_

**LIST THE MOTOR VEHICLES THAT WILL BE PARKED ON CONDO PROPERTY**

Make	Model	Registration No.	State

I/we certify that the Tenant(s) have been briefed on the Condominium Rules and Regulations and Guest Rules and have received a copy of same. It is understood that failure to do so may result in the termination of the lease. Also, I/we certify that it is to the best of my/our knowledge, understanding, and belief that all of the information provided on this form and included on all the attachments is complete, correct, and accurate.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner