



PROPERTY RENTAL PACKAGE

Dear Tropic Isles Owner:

The following documents are required to be submitted to the office prior to renting your property in Tropic Isles:

1. Tenant Registration Form – to be completed by owner
2. Background application – to be completed by proposed tenant(s)
 - a. Background application fee of \$75 to be submitted at time of application
3. Photo identification for all renters
4. Pet registration (if tenant will have pets)

All forms must be completed and submitted to the office prior to tenant's occupancy.

All tenants must comply with the residency restrictions contained in the Rules & Regulations. Please note that failure to obtain Co-Op approval of tenant prior to tenant's occupancy will result in a penalty of \$250.00 charged to owner's account.

If you have any questions, please contact the office at 941-721-8888 or by email to info@tropicisles.net



Property Address:

Received: _____

Approved: _____

TENANT REGISTRATION FORM

This form must be completed by owner/landlord

Property Address: _____

Owner Information:

Owner name: _____

Owner mailing address: _____

Telephone: _____ Email: _____

Tenant Information:

Tenant #1

Name: _____

Telephone: _____

Email: _____

Tenant #2

Name: _____

Telephone: _____

Email: _____

Tenant's mailing address (if other than the property address): _____

Do you give tenant permission to have pet(s) in the home?

(max 2 pets per household, 30lbs max per pet)

Yes No (circle one)

I would like the tenant(s) to also receive copies of compliance notices: Yes No (circle one)

Lease Information: *(minimum lease term 30 days)*

Lease start date: _____

Lease end date: _____

Check one:

Renewal of existing Lease (tenant must be the same as previous lease)

New Lease registration (new tenant not previously reported at this property)

By signing below, I acknowledge the following:

1. I am granting tenant(s) permission to use the amenities and common areas and am providing my tenant with an access FOB. The Co-Op will not issue FOBs to private tenants. I understand that I am responsible for the acts of my tenants while on the Co-Op common areas.
2. All tenants are required to submit an application form (which will include credit and background checks)
3. Approval is at the sole discretion of Management but shall not be unreasonably withheld. At the time of application, the applicant must also present to Management for copying, documentation of the age of all proposed occupants of the Dwelling and proof of income.
4. Management reserves the right to refuse admittance to any prospective resident based on established criteria, to determine the background, character, age, and financial responsibility of prospective residents, provided however, that the Association does not discriminate on the basis of race, creed, color, religion, national origin, sex, physical disability, handicap, or any other category prohibited by law.
5. Management reserves the right to require an application fee, not to exceed the maximum cost allowed under Florida Statutes, as applicable, to defray any cost connected with the screening process. The failure of any prospective Resident to provide the required information shall be deemed a cause for refusal of tenancy in the Community.
6. All pets must be registered and must comply with the Rules & Regulations.
7. Failure to obtain Co-Op approval of tenant prior to tenant's occupancy will result in a penalty of \$250.00 charged to owner's account.

OWNER SIGNATURE

DATE



Property Address:			
Office Date Stamp:			
Fee Paid By: Circle One	Check	Cash	Credit Card

APPLICATION FOR RESIDENCY

Instructions: Please complete all sections. Attach copies of photo identification and income verification for applicant, pet documents (if applicable), and \$75 non-refundable application/background check fee.

Residency is restricted to applicants 55+ or those reaching the age of 55 within one year of application; a spouse or other applicant must be at least 40 years of age. Normal processing time is 5 to 7 business days. Applications requiring review by the Board of Directors may take an additional 5 to 7 business days. Applicants will be notified by email when the application process is complete.

Application is for a: Share Purchase Home Purchase Apartment Rental Home Rental

Name of Realtor, Seller or New Landlord: _____

APPLICANT INFORMATION:

Last Name	First Name	Middle Name	SS#	/ / DOB (mo/day/yr)
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Current Address	City	State, Zip	Landlord/Mortgagee	\$ Monthly Payment
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Driver's License #	State Issued	Email Address	Telephone #
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Employer	Address	City, State, Zip	Telephone	\$ Monthly Income
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Retired? Yes No

ANTICIPATED RESIDENT STATUS:

Full-Time Resident Part-Time Resident

If part-time, please provide your alternate mailing address:

Address	City	State	Zip	Telephone
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EMERGENCY CONTACT INFORMATION:

Last Name	First Name	Email	Telephone	Relationship
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Please answer the following

1. Has applicant ever had an eviction filed or left owing money to an owner or landlord?
2. Has applicant applied for residency in the past 2 years?
3. Has applicant had an adjudication withheld or been convicted of a crime?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "yes", please explain: _____

AUTHORIZATION:

By signing below, I authorize Tropic Isles Co-Op, Inc. to order and review my credit and criminal history and investigate the accuracy of all information contained in this Application. I further authorize all banks, employers, and creditors to provide any and all information which may be requested concerning my credit.

Applicant Signature

Date: _____

The following items must be submitted with completed application:

- Photo Identification
- \$75 application fee
- Proof of income (i.e. bank statements, pension statements, social security, tax returns and/or payroll documents)
(proof of income not required for private home rentals)
- Pet registration form (if applicable)



Property Address:

Received: _____

Approved: _____

PET REGISTRATION FORM

ALL PETS MUST BE REGISTERED – Limit of two (s) pets per household (30lb maximum per pet)

I/We, _____,
residing at _____, Palmetto, FL 34221, County of Manatee,
do hereby register the following pet(s) with the office of Tropic Isles Co-Op, Inc.

Pet #1:

Name: _____ Breed: _____ Weight: _____

Pet #2:

Name: _____ Breed: _____ Weight: _____

Please provide current immunization record for your pet(s). Updated immunization records are to be submitted annually.

By signing below, I/We agree to abide by all applicable pet rules of Tropic Isles Co-Op, Inc.

Signature: _____ Date: _____

Signature: _____ Date: _____