



**Pelican Cove Property Owners Association, Inc.**

6110 North Ocean Blvd.

Ocean Ridge, FL 33435

Phone 561-734-1624

E-mail:

PelicanCove6110@gmail.com

**APPLICATION FOR LEASE / RENTAL**

To: Pelican Cove Property Owner's Association, Inc.

Request is hereby made by the undersigned for **Approval of Lease / Rental** at Pelican Cove, Unit #: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_

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

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Position: \_\_\_\_\_

Former Employer (if Retired): \_\_\_\_\_

Business Address: \_\_\_\_\_ Position: \_\_\_\_\_

Will children be residing: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Prior Landlord:**

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

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

Dates of Lease: From \_\_\_\_\_ Ending: \_\_\_\_\_  
Month Day Year Month Day Year

No. of Pets \_\_\_\_\_ Species \_\_\_\_\_ Weight \_\_\_\_\_

Species \_\_\_\_\_ Weight \_\_\_\_\_

Will you be using the boat slip? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, the Association requires an Insurance Certificate of Liability on the boat listing Pelican Cove POA as a Certificate Holder on the policy.

By signing below it is understood that by making application for Rental /Lease at Pelican Cove, and been given a current copy of the Rules and Regulations and read them in their entirety; agree to abide by the Rules and Regulations, as set forth by the Association. Any violation of the Rules and Regulations would cancel this agreement.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Unit Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Pelican Cove Property Owners Assoc. Inc.  
Membership Screening Committee