

# ***River Dance Condominium Association, Inc.***

***808 Third Avenue West, Suite #100***

***Bradenton, Florida 34205***

***941-747-8702***

River Dance Condominium Association is a residential family condominium. To make living at River Dance a mutually satisfying experience, the Board of Directors based on the Declaration of Condominium and the Association By-Laws, has established Rules and Regulations. These rules are enforceable since they form a part of the Owner's original condominium contract.

Each proposed adult occupant, other than a husband and wife or parent and dependent child (which is considered one applicant) must complete the attached application and authorization forms in their entirety. If any question is not answered or left blank, the application will be returned, not processed and not approved.

1. Attach a copy of the sales contract or lease to this application.
2. Attach a non-refundable processing fee of \$100.00 payable to **River Dance Condominium Association**. The Association is allowed up to thirty (30) days to process this application
3. The seller/landlord must provide the prospective purchaser/tenant with a copy of the association Documents and Rules and Regulations. If you need to purchase them from the Association, the cost is \$25.00.
4. Use of this Unit is for single-family residence only.
5. No commercial vehicles, ¾ ton trucks or larger, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, etc. are permitted on property for more than four hours.
6. Moving of furniture is not permitted on Sundays or evenings. Hours for moving are from 8:00am to 4:30 p.m. Monday through Saturday. The service elevator must be reserved through the office.
7. Residents must wear shoes and a cover-up when walking through the building.
8. I agree to apply for any Unit renovations via the Management office and abide by the Contractor Guidelines.
9. **Lessees are permitted only one pet and they must be under 30 pounds. Guests are not permitted to bring pets on property.** Owners are permitted two common household pets per Unit. Aggressive breeds are not allowed. Exotic pets are not permitted.
10. Purchaser understands that assessments to the Association are due Quarterly. The Association charges late fees on all delinquent payments. The current Owner is responsible to provide the Purchaser with the payment coupon book.
11. Current Owner is to provide Purchaser/Tenant with all door, gate and access fobs assigned to his/her Unit. New Owner/Tenant may purchase additional fobs or access remotes from Management.
12. There will be a \$100 Non-Refundable and \$200 Refundable **Move in AND Move-Out** fee for all moves. These fees are payable no less than 3 days before a scheduled move. The refundable fee will be returned within 12 days of the move, after it has been determined that no damage has been done to the common elements.

13.

I agree to abide by all of the restrictions contained in the association Documents, Rules and Regulations and any restrictions that are or may in the future be imposed by River Dance Condominium Association. I agree to be governed by the River Dance governing Documents.

APPLICANT \_\_\_\_\_

APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

808 3<sup>rd</sup> Avenue West, Suite 100 • Bradenton, Florida 34205 • (941)7 47-8702 • fax (941) 747-8072

[Riverdancemgr@apmanagement.net](mailto:Riverdancemgr@apmanagement.net)

**March 13, 2018**

## **INFORMATION FOR APPROVAL OF RENTAL OR LEASE OF UNIT**

The following information pertains to the application process for the rental or lease of a Unit at **River Dance, a Condominium**:

1. A processing fee of \$100.00 must accompany this application. (Make checks payable to River Dance Condominium Association, Inc.)
2. The Association is allowed up to thirty (30) days from receipt of the completed application, with all required attachments, to process the application.
3. The Unit Owner must be an Association member in good standing and current on payment of assessments.
4. The unit owner understands that the minimum rental/lease period is 30 days, no more than 4 leases per year.
5. No subleasing is permitted.
6. Guests shall not be allowed to bring pets onto the Condominium Property.
7. Unit Owner will provide the lessee with all door entry fobs and gate entry remotes assigned to his/her unit. If current owner does not provide the lessees with remotes or fobs, the lessees may procure one remote per assigned parking from the Association at a cost of \$25 per fob and \$75 per remote. Any fobs or remotes that are not transferred to the lessees will be deactivated.
8. Unit Owner must provide Lessee with a copy of all applicable Use Restrictions (Rules and Regulations) which are in effect. Lessee must sign the acknowledgement of receipt of the Rules and Regulations as a condition of approval.

**BROWN'S BACKGROUND CHECKS**  
**CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER**  
**River Dance Condominium Inc.**

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4<sup>th</sup> floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Name                      Date of Birth\*                      Social Security Number  
\*Date of Birth is requested in order to obtain accurate retrieval of records.                      If International please provide  
Passport Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Co-Applicants Name                      Date of Birth                      Social Security Number  
If International please provide  
Passport Number

\_\_\_\_\_  
Alias/Previous Name(s)

\_\_\_\_\_  
Current Physical Address                      City & State                      Zip code

**California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

**Notice to CALIFORNIA Applicants**

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Co-Applicant  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Application for RIVER DANCE CONDOMINIUM ASSOCIATION, INC.

Unmarried Co-Applicants Fill Out A Separate Application. Do not leave any blank spaces. Please use black ink

Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI Jr. Sr., Prior

Spouse \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI Maiden

Drivers License # \_\_\_\_\_ ST \_\_\_\_\_ Spouse's Drivers License # \_\_\_\_\_ ST \_\_\_\_\_

Other \_\_\_\_\_  
Name Relationship Age SS# Name Relationship Age SS#

Occupants \_\_\_\_\_  
Name Relationship Age SS# Name Relationship Age SS#

Home Phone (\_\_\_\_) \_\_\_\_\_ Why Moving? \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Present Landlord/  
Mortgage Holder \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Length of Residence: \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Monthly Rent/Mortgage \$ \_\_\_\_\_ Mortgage Acct. # \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Previous Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Previous Landlord/  
Mortgage Holder \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Length of Residence: \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Monthly Rent/Mortgage \$ \_\_\_\_\_ Mortgage Acct. # \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Present Employer \_\_\_\_\_ City & St. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Dates Employed \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Income \_\_\_\_\_ Per \_\_\_\_\_ Mgr. \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Previous Employer \_\_\_\_\_ City & St. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Dates Employed \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Income \_\_\_\_\_ Per \_\_\_\_\_ Mgr. \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Spouse Present Employer \_\_\_\_\_ City & St. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Dates Employed \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_ Income \_\_\_\_\_ Per \_\_\_\_\_ Mgr. \_\_\_\_\_  
Mo. Yr. Mo. Yr.

In Case of Emergency Notify \_\_\_\_\_  
Name Relationship Address Phone Number

Have you ever had an eviction filed or left owing money to an owner or landlord? Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_

Have you ever applied for residency in the past 2 years, but did not move in? Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_

Have you ever had an adjudication withheld or been convicted of a crime? Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_

**If you have answered yes to any of the above questions please explain the circumstances regarding the situation on back of this sheet.**

**AUTHORIZATION OF RELEASE OF INFORMATION** Applicant(s) represents that all of the above information and statements on the application for rental are true and complete, and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. This application must be signed before it can be processed by management Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State.

**NON-REFUNDABLE APPLICATION FEE** - Applicant(s) agree to pay \$ \_\_\_\_\_ for a non-refundable application processing fee.

**RESERVATION FEE AGREEMENT** - Applicant has paid a "reservation fee" of \$ \_\_\_\_\_ in consideration of taking the dwelling unit off the market while considering the approval of this application. If applicant(s) is approved and the contemplated lease is entered into, then on the day of move in the fee will be credited towards payment of the security deposit amount of \$ \_\_\_\_\_. If the applicant(s) is approved but fails to promptly enter into the contemplated lease or fails to move in on the agreed upon date, the reservation fee will be retained by owner as liquidated damages. The reservation fee will only be refunded if the applicants cancel this application with written notice within \_\_\_\_\_ hours, or if application is not approved; refunds will be sent via mail within 30 days of cancellation. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises. No oral agreements have been made.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

# RIVER DANCE CONDOMINIUM ASSOCIATION, INC.

## REQUEST FOR ASSOCIATION APPROVAL OF RENTAL OR LEASE OF UNIT

RIVER DANCE CONDOMINIUM ASSOCIATION, INC. must issue written approval for any rental or lease of a unit. The following information must be submitted to the Association prior to issuance of approval. The Association has thirty (30) days to review all completed approval requests. Tenant may not occupy Unit until receiving written approval from Association. Requests for Association approval must be complete with all required information and attachments.

### ***INCOMPLETE REQUESTS WILL NOT BE SUBMITTED FOR REVIEW.***

Unit # \_\_\_\_\_ Current Owners: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Name(s) of Lessees: \_\_\_\_\_

Other Occupants of Unit: \_\_\_\_\_

***(include names of all other persons who will reside in the unit)***

• Lessees Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Rental Lease Term: From: \_\_\_\_\_ To: \_\_\_\_\_

Pet Information: Tenants are allowed ONE pet under 30 pounds.

Vehicle Description:

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_

***(Unit owners must provide their lessees with all building access devices.)***

• Rental Agent (if applicable): \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Personal References: (Include ONE in local area if possible)

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

• I (we) have received and agree to abide by all Use Guidelines (Rules and Regulations) as well as the governing documents in effect for the **River Dance Condominium Association, Inc.** I (we) further certify that the information provided in this request for Association approval is complete and correct to the best of my (our) knowledge.

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

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

**RIVER DANCE CONDOMINIUM ASSOCIATION, INC.**

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

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

Title: \_\_\_\_\_

# ATLANTIC PACIFIC

## MANAGEMENT PET REGISTRATION FORM

TO BE COMPLETED BY VETERINARIAN

TO BE COMPLETED BY VETERINARIAN

Pet Owner: \_\_\_\_\_ Last Date of Visit: \_\_\_\_\_

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

### Description of Pet:

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

Breed(s): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
(If considered a mix breed, please specify all applicable)

Date of Last Rabies Shot: \_\_\_\_\_ Projected Weight at Full Growth: \_\_\_\_\_

Additional Markings/Information: \_\_\_\_\_

Vaccination History (Type/Expiration Date)


### Veterinarian Contact Information:

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Veterinarian's Signature

Date

# ATLANTIC PACIFIC

## MANAGEMENT PET REGISTRATION FORM

Resident Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Description of Pet:

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

Breed(s): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
(If considered a mix breed, please specify all applicable)

Additional Markings/Information: \_\_\_\_\_

### Required Documentation:

Photo of Pet       Veterinarian Records

I/we the undersigned do hereby certify that I/we know and understand the Pet Policy and hereby agree to abide by the rules and regulations stated in the lease.

\_\_\_\_\_  
Applicant Signature      Date

\_\_\_\_\_  
Applicant Signature      Date

**FOR OFFICE STAFF ONLY**

**FOR OFFICE STAFF ONLY**

Forms must be completed in full with all required documentation attached.

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_



## **INFORMATION FOR APPROVAL OF RENTAL OR LEASE OF UNIT**

The following information pertains to the application process for the rental or lease of a Unit at **River Dance, a Condominium:**

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2. The Association is allowed up to thirty (30) days from receipt of the completed application, with all required attachments, to process the application.
3. The Unit Owner must be an Association member in good standing and current on payment of assessments.
4. The unit owner understands that the minimum rental/lease period is 30 days, no more than 4 leases per year.
5. No subleasing is permitted.
6. Guests shall not be allowed to bring pets onto the Condominium Property.
7. Unit Owner will provide the lessee with all door entry fobs and gate entry remotes assigned to his/her unit. If current owner does not provide the lessees with remotes or fobs, the lessees may procure one remote per assigned parking from the Association at a cost of \$25 per fob and \$75 per remote. Any fobs or remotes that are not transferred to the lessees will be deactivated.
8. Unit Owner must provide Lessee with a copy of all applicable Use Restrictions (Rules and Regulations) which are in effect. Lessee must sign the acknowledgement of receipt of the Rules and Regulations as a condition of approval.



# Application for **RIVER DANCE CONDOMINIUM ASSOCIATION, INC.**

Unmarried Co-Applicants Fill Out A Separate Application. Do not leave any blank spaces. Please use black ink

Name \_\_\_\_\_ SS# \_\_\_\_\_ - - - - - DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First MI Jr. Sr., Prior

Spouse \_\_\_\_\_ SS# \_\_\_\_\_ - - - - - DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First MI Maiden

Drivers License # \_\_\_\_\_ ST \_\_\_\_\_ Spouse's Drivers License # \_\_\_\_\_ ST \_\_\_\_\_

Other \_\_\_\_\_  
Name Relationship Age SS# Name Relationship Age SS#

Occupants \_\_\_\_\_  
Name Relationship Age SS# Name Relationship Age SS#

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Why Moving? \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Present Landlord/  
Mortgage Holder \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Length of Residence: \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Monthly Rent/Mortgage \$ \_\_\_\_\_ Mortgage Acct. # \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Previous Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Previous Landlord/  
Mortgage Holder \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Length of Residence: \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Monthly Rent/Mortgage \$ \_\_\_\_\_ Mortgage Acct. # \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Present Employer \_\_\_\_\_ City & St. \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Position \_\_\_\_\_ Dates Employed \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Income \_\_\_\_\_ Per \_\_\_\_\_ Mgr. \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Previous Employer \_\_\_\_\_ City & St. \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Position \_\_\_\_\_ Dates Employed \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Income \_\_\_\_\_ Per \_\_\_\_\_ Mgr. \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Spouse Present Employer \_\_\_\_\_ City & St. \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Position \_\_\_\_\_ Dates Employed \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Income \_\_\_\_\_ Per \_\_\_\_\_ Mgr. \_\_\_\_\_  
Mo. Yr. Mo. Yr.

In Case of Emergency Notify \_\_\_\_\_ ( \_\_\_\_\_ )  
Name Relationship Address Phone Number

Have you ever had an eviction filed or left owing money to an owner or landlord? Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_

Have you ever applied for residency in the past 2 years, but did not move in? Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_

Have you ever had an adjudication withheld or been convicted of a crime? Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_

**If you have answered yes to any of the above questions please explain the circumstances regarding the situation on back of this sheet.**

**AUTHORIZATION OF RELEASE OF INFORMATION** Applicant(s) represents that all of the above information and statements on the application for rental are true and complete, and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. This application must be signed before it can be processed by management **Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State.**

**NON-REFUNDABLE APPLICATION FEE** - Applicant(s) agree to pay \$ \_\_\_\_\_ for a non-refundable application processing fee.

**RESERVATION FEE AGREEMENT** - Applicant has paid a "reservation fee" of \$ \_\_\_\_\_ in consideration of taking the dwelling unit off the market while considering the approval of this application. If applicant(s) is approved and the contemplated lease is entered into, then on the day of move in the fee will be credited towards payment of the security deposit amount of \$ \_\_\_\_\_. If the applicant(s) is approved but fails to promptly enter into the contemplated lease or fails to move in on the agreed upon date, the reservation fee will be retained by owner as liquidated damages. The reservation fee will only be refunded if the applicants cancel this application with written notice within \_\_\_\_\_ hours, or if application is not approved; refunds will be sent via mail within 30 days of cancellation. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises. No oral agreements have been made.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

# RIVER DANCE CONDOMINIUM ASSOCIATION, INC.

## REQUEST FOR ASSOCIATION APPROVAL OF RENTAL OR LEASE OF UNIT

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***INCOMPLETE REQUESTS WILL NOT BE SUBMITTED FOR REVIEW.***

Unit # \_\_\_\_\_ Current Owners: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Name(s) of Lessees: \_\_\_\_\_

Other Occupants of Unit: \_\_\_\_\_

***(include names of all other persons who will reside in the unit)***

Lessees Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Rental Lease Term: From: \_\_\_\_\_ To: \_\_\_\_\_

Pet Information: Tenants are allowed ONE pet under 30 pounds.

Vehicle Description:

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_

***(Unit owners must provide their lessees with all building access devices.)***

Rental Agent (if applicable): \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Personal References: (Include ONE in local area if possible)

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

I (we) have received and agree to abide by all Use Guidelines (Rules and Regulations) as well as the governing documents in effect for the **River Dance Condominium Association, Inc.** I (we) further certify that the information provided in this request for Association approval is complete and correct to the best of my (our) knowledge.

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

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

<b>RIVER DANCE CONDOMINIUM ASSOCIATION, INC.</b>	
APPROVED: _____	DISAPPROVED: _____
By: _____	Date: _____
Title: _____	

# ATLANTIC PACIFIC

## MANAGEMENT PET REGISTRATION FORM

TO BE COMPLETED BY VETERINARIAN

TO BE COMPLETED BY VETERINARIAN

Pet Owner: \_\_\_\_\_ Last Date of Visit: \_\_\_\_\_

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

### Description of Pet:

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

Breed(s): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
(If considered a mix breed, please specify all applicable)

Date of Last Rabies Shot: \_\_\_\_\_ Projected Weight at Full Growth: \_\_\_\_\_

Additional Markings/Information: \_\_\_\_\_

Vaccination History (Type/Expiration Date)


### Veterinarian Contact Information:

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Veterinarian's Signature Date

# ATLANTIC PACIFIC

## MANAGEMENT PET REGISTRATION FORM

Resident Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Description of Pet:

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

Breed(s): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

(If considered a mix breed, please specify all applicable)

Additional Markings/Information: \_\_\_\_\_

### Required Documentation:

Photo of Pet       Veterinarian Records

I/we the undersigned do hereby certify that I/we know and understand the Pet Policy and hereby agree to abide by the rules and regulations stated in the lease.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR OFFICE STAFF ONLY**

**FOR OFFICE STAFF ONLY**

Forms must be completed in full with all required documentation attached.

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_