

HIDDEN HARBOR CONDOMINIUM ASSOCIATION, INC.

RENTER INFORMATION SHEET

5801 N. Atlantic Avenue, Cape Canaveral, FL 32920

Management Office: 321-338-2588

Your cooperation in completing this profile thoroughly and promptly will be greatly appreciated. Please return the completed profile to management company Dragon Property Management at PO Box 542876, Merritt Island, FL 32954 or fax to 321-574-4155 AT LEAST 5 DAYS BEFORE SCHEDULED MOVE-IN. **MINIMUM RENTAL PERIOD IS THREE (3) MONTHS.**

We do supply other residents with a directory of neighbors, so if you wish to be unlisted, please make note of that.

1. UNIT # _____ 2. OWNER NAME: _____

3. Tenant's Full Name: _____

4. Lease Term: Start Date: _____ Expiring Date: _____

5. Others Living in Unit:	Name	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

6. Total Number in Household: _____

7. Cell Phone #: _____ Condo # (321) _____ Work# _____

Company Name: _____ Occupation _____

8. E-Mail Address: _____ Check if "None"

9. Please provide name & phone number of agent or person handling rental:

Name: _____ Company Name: _____

Phone: _____ Fax: _____ E-Mail: _____

10. Pets: Limited to one pet; either 1 dog or 1 cat 20 pounds or less. (Pets must be leashed on common property and waste picked up immediately.)

Type: _____ Name: _____ Weight: _____

11. Vehicle Registration: **VEHICLE REGISTRATION: (Need Color Copy of Drivers License)**

Driver License # _____ State _____

Year	Make	Model	Color	Tag#	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

By signing below, owner or owner's agent, and renter(s), agree that the rules have been read and are understood by all parties. Please ensure that tenant receives post box and pool key.

Owner/Agent Signature: _____ Tenant Signature: _____

Date Signed: _____ Tenant Signature: _____