



**Sanctuary at Bay Hill Condominium Association**  
7400 Sugar Bend Drive  
Orlando, FL 32819

**Lease Approval Procedures**

- Application for occupancy and the approval request must be completed in detail by the proposed tenant.
- (No lease shall be for less than 7 months' term.)
- Copy of tag and registration for all permanent vehicles.
- Copy of Photo identification for **ALL OCCUPANT(s)** 18 & older.
- Forms will not be processed without signature of both owners and lessee as well as a
- Background Check (Per Person) \$50.00.  
Payable to: **Sanctuary at Bay Hill**. We accept check, or money order.
- The completed Application and Fees must be submitted to the Association at least five (5) working days prior to the desired date of occupancy.  
**Please do not call the Management Company to rush.**
- Occupancy prior to final approval is prohibited. Any owner who moves a tenant into a home/lot without the association approval will be subject to an immediate legal action, which can result in eviction.
- There is a \$100 Administrative fee due prior to move in for every new tenant  
Payable to: **Sanctuary at Bay Hill**.
- All the maintenance assessments due to the association must be paid in full prior to application process. (Please contact Management Office for a current balance.)
- If there are any questions not answered, or left blank, this application will be returned to you unprocessed.
- To request an application or for a status of an application already submitted, please fax your request to: 407-352-7625, Attn: Condominiums Department or send an email to: [manager@sanctuaryatbayhill.com](mailto:manager@sanctuaryatbayhill.com).

Thank you in advance for your cooperation.

Sincerely,

**Lori Coolidge**  
**Property Manager**

## APPLICATION FOR OCCUPANCY

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

Desired Date of Occupancy: \_\_\_\_\_

Applicant \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

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

Co-Applicant \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

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

Applicant's Driver's License: \_\_\_\_\_

Co-Applicant's Driver's License: \_\_\_\_\_

Total # of adults who will occupy the unit (18 yrs. or older) \_\_\_\_\_

Total # of children \_\_\_\_\_

Pets? \_\_\_\_\_ (Please fill out pet addendum attached)

## RESIDENCE HISTORY

Present Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Cell #: \_\_\_\_\_

Association/ Landlord: \_\_\_\_\_  
Dates of Residency: From/To: \_\_\_\_\_

Mortgagee: \_\_\_\_\_ Rent/Mtg. Amt: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Cell #: \_\_\_\_\_

Association/ Landlord: \_\_\_\_\_  
Dates of Residency: From/To: \_\_\_\_\_

Mortgagee: \_\_\_\_\_ Rent/ Mtg. Amt: \_\_\_\_\_  
Phone # \_\_\_\_\_



**Sanctuary at Bay Hill  
7400 Sugar Bend Dr.  
Orlando, FL 32819**

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

**Owner(s) Information**

Unit Owners name: \_\_\_\_\_

\_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Current Management Company, if applicable:** \_\_\_\_\_

Agent Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address for Agent: \_\_\_\_\_

I hereby agree, for myself and on behalf of all persons who may use or represent my Unit which I seek to Rent, will abide by the rules and regulations of the Association. Also, I will abide by restrictions which are or may in the future be imposed by the Association.

Signature: \_\_\_\_\_

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

**I HEARBY REQUEST APPROVAL TO RENT MY HOME TO:**

**Tenant Name(s):** \_\_\_\_\_

\_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Rental Amount:** \$ \_\_\_\_\_ **per month**

**The Term of the Lease is from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**NAME, AGES AND RELATIONSHIP OF ALL PROPOSED OCCUPANTS TO THE UNIT**

**Name(s):** \_\_\_\_\_ **Age(s):** \_\_\_\_\_ **Relationship(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NUMBER AND TYPE OF VEHICLES:** \_\_\_\_\_

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Tag:** \_\_\_\_\_

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Tag:** \_\_\_\_\_

## PET REGISTRATION

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

Residents Name(s): \_\_\_\_\_ Unit #: \_\_\_\_\_

\_\_\_\_\_

Unit owner/Tenant will provide the Sanctuary at Bay Hill with a **photograph** of pet and proof of vaccinations. Please complete one form per animal. Per the rules and regulations, the maximum weight is **50 pounds**, and **no aggressive** breeds are permitted. You are responsible to clean up after your pet. All pets when outside will be on a leash. Fines will be strictly imposed.

**No Mix or variation of any of these breeds are permitted:**

Akita	Alaskan Malamutes
Chow Chow	Doberman Pinschers
Pit Bull	Presa Canario
Rottweiler	Staffordshire Terrier
Wolf Hybrid	Bull Terrier
German Shepherd	Huskies

**PET INFORMATION:**

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

Species and Breed: \_\_\_\_\_

Weight (Lbs.): \_\_\_\_\_ Age: \_\_\_\_\_

Color of Pet: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

## NOTICE OF BACKGROUND CHECK

The Board of the Sanctuary at Bay Hill Condominium Association, Inc., has elected its authority under the condominium documents to order a criminal background check on all prospective Tenants of units in the Sanctuary at Bay Hill. The Board will advise the Owner/ Management Company whether the tenant has been approved or disapproved based on the results of the background check. The Unit Owner and Prospective Tenant hereby release the Board from any liability, loss, cost, damage or claim arising from or due in connection with the Boards actions.

The results of the background check, along with other qualifying factors the Board may elect to use in its sole discretion, will determine whether the prospective tenant is qualified to rent the Unit.

It is probable that the Board will disapprove of any prospective Tenant who has any of the following appearing on his/her criminal background report.

1. Any convictions of the following felonies and misdemeanors:
  - a. Murder
  - b. Sexual Related Crimes
  - c. Rape
  - d. Child Abuse
  - e. Manslaughter
  - f. Arson
  - g. Kidnapping
  - h. Lewd & Lascivious Assault
  - i. Robbery
  - j. Strong Arm Robbery
  - k. Burglary
  - l. Assault/Battery on a Police Officer
  - m. Sexual Battery
  - n. Motor Vehicle Theft
  - o. Larceny or Grand Theft
  - p. Any other criminal offences, which may be considered a threat to the health or safety of the residents and community
2. Any convictions in the last 10 years of the following felonies and misdemeanors:
  - q. Prostitution
  - r. Drug Sale
  - s. Possession of Drug Paraphernalia
  - t. Possession
  - u. Openly Carrying a Weapon
  - v. Vandalism
  - w. Fraud
  - x. Dealing in Stolen Property
  - y. Carrying a Concealed Firearm

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Applicant Signature

Date

Management Representative Signature



## NO AIRBNB'S PERMITTED ON PROPERTY

I have read and understand that the Sanctuary at Bay Hill Condominiums does not allow any unit Owner or Tenant to run an Airbnb or anything similar to an Airbnb. By signing this form I agree that I will not operate my unit as an Airbnb or anything similar to an Airbnb.

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

Tenant/ Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Management Signature: \_\_\_\_\_





**FOR OFFICE USE ONLY**

**CERTIFICATE OF APPROVAL TO RENT**

**The Sanctuary at Bay Hill, "The Association",** does hereby certify that the "Unit" located at:

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

A condominium owned by and between

\_\_\_\_\_  
(current owner according to the records of the Association),

as Grantor (s) To: \_\_\_\_\_  
as Grantee (s)

Have been approved by the Board of Directors, on behalf of the Association.

Dated this: \_\_\_\_\_ day of: \_\_\_\_\_, 20 \_\_\_\_

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

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