

Island Cove Condominium Association
333-343 N. Tropical Trail, Merritt Island, FL

Clover Key, Inc
110 Imperial Street, Merritt Island, FL 32952
Office & Fax 321-735-7624
Email: Office@CloverKeyServices.com

Unit No. _____

Requested Move-in Date _____

TENANT PROFILE

Owner Name: _____ Phone # _____

Agent Name (If applicable) _____ Phone # _____

TENANT(S) INFORMATION:

Email: _____ @ _____

Tenant Name: _____ Phone #C _____

Employer Name: _____ Phone # _____

Occupation: _____ How Long _____

Driver's License (_____) _____ **(Color Copy Attached)**

Tenant Name: _____ Phone #C _____

Employer Name: _____ Phone # _____

Occupation: _____ How Long _____

Driver's License (_____) _____ **(Please Supply Color Copy of Driver's License)**

Number of children in residence _____ Names/Ages _____

Names/Ages _____ Names/Ages _____

Lease Term: from _____ to _____

In case of an emergency, contact _____

(Name) (Relationship) (Phone Number)

Vehicle(s):

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

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

Pet: Cat _____ Dog _____ Weight: _____ Other: _____

Description/Name of Pets _____

Copy of Signed Tenant Lease and Color Copy of Driver(s)'s License(s) Must Accompany This Application

TENANT/OWNER ACKNOWLEDGEMENT:

I understand that this complex is governed by rules and regulation that are a part of my lease and I have read and understand these rules and regulations. Island Cove Condominium Assn. is NOT responsible for collecting funds for damage incurred to any unit. Our function is the management and maintenance of the common owned areas ONLY. Tenant signature of receipt of Rules and Regulations.

Signed: _____

Owner/Agent

Signed: _____

Tenant

Date: _____

Signed: _____

Tenant

Date: _____