

**Golden Acres ROA Association
1040 Main Street Dunedin, FL 34698
Seasonal Rental Form**

Owner Name: _____ Unit # _____

Name of Renter(s): _____

Dates renting unit: ____/____/____ through ____/____/____

Renter(s) Permanent Address:

Phone Number: _____

Emergency contact name: _____

Emergency contact number: _____

Car information: Make _____ Model _____ Year _____

- ***One occupant must be 55 years of age.***
- ***No pets allowed.***
- ***Renter(s) will adhere to the rules and regulations of the park.***
- ***Background check (\$100.00 check payable to Golden Acres)***
- ***Board approved***
- ***Copy of driver's license of renter(s) required.***

Signature Owner: _____ Date _____

Signature Renter: _____ Date _____

Sign and return to Golden Acres RO Association.

For office use only: Background check _____ Board Approval _____ Copy of License _____