

RENTAL CONTRACT

TENANT(S): _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____,

agree(s) to rent from **LANDLORD Palm Beach County Association of the Deaf (PBCAD)**, 3901 Davis Road, Lake Worth, FL 33461, Phone: 561-290-0002.

SUMMARY OF PAYMENTS: Rent in amount of \$ _____ monthly for the period of (length of rental agreement) _____.

Initial Payment: Receive from TENANT, the sum of \$ _____ for security deposit. Refundable when the premises is clean and orderly.

Payment in check only; shall be made out to **Palm Beach County Association of the Deaf** and shall be submitted to the Treasurer of PBCAD on _____.

Pets/Smoking: TENANT will **not** be allowed to bring pets onto the premises except for the certified service dogs. TENANT shall not smoke in the premises.

Ordinances and Statutes: TENANT and PBCAD shall comply with all laws, health codes, and regulation of all municipal, state and federal governments, which apply to rented premises and this relationship.

Maintenance, Repairs and Alterations: PBCAD and TENANT acknowledge the premises as being in the condition to which is presumed that any malfunction of equipment or appliance was not caused by TENANT and is the responsibility of the PBCAD. TENANT shall maintain the premises in a clean and safe condition and shall be responsible for any damages beyond normal wear and tear resulting from actions of TENANT. TENANT shall not remove furnishings or fixtures belonging to PBCAD at any time. TENANT shall properly remove perishable foods, dispose of all garbage, use appliances and equipment in a reasonable manner.

Reimbursement by TENANT: TENANT agrees to reimburse PBCAD for any damages caused by TENANT'S negligent or intentional act. Reimbursement is due and payable within 14 days of written notice.

Elected Officer of PBCAD

Tenant