

**NEPTUNE'S VILLA**  
**BEACH FRONT**

This lease has been made this \_\_\_\_\_ day of \_\_\_\_\_ 2008 by and between **BOB IVIE** here after known as the **landlord** and \_\_\_\_\_ here after know as the **tenant**.

**Mail to:**

Jeannes Beach Villas  
8030 La Mesa Blvd #210  
LA MESA, CA 91941  
JEANNERL@AOL.COM  
619 253-2363

1. **Location:** The premise to be leased is located at:

714 Seacoast Drive, unit 105  
Imperial Beach, CA. 91932

2. **Premises:** The premise above is rented fully furnished including appliances, full size washer and dryer, linens, beach towels, dishes and tableware, and appliances. This lease agreement also provides access to all the public facilities offered by the condominium and includes heated pool, Jacuzzi and workout room. Patio furniture is also provided. The tenant is responsible for the maintenance and care of the facilities and furnishings.

3. **Terms and conditions:**

The lease shall be effective beginning \_\_\_\_\_  
Expires on \_\_\_\_\_

**Weekly Rental**

**Additional charges:**

10% city tax\_\_\_\_\_ \$  
Cleaning \_\_\_\_\_ \$75.00  
Refundable deposit\_ \$300.00

**Conditions:** The full lease amount is due 6 weeks prior to occupancy. In the event of cancellation, the full amount of the lease will be refunded up to 6 weeks prior to occupancy. No refunds will be allowed after this time. Check-in time is 3:00 PM and checkout is 10:00 AM . Please note that prompt checkout is enforced to allow adequate time to clean the premises prior to the next guest checking in.

**Reservation Fees:** Reservation fees are refundable if cancellation is received Sixty (60) days prior to the reservation start date.

**Security Deposit:** A security deposit in the amount of \$300 shall be due immediately to confirm and hold your reservation. The entire security deposit or any balance of the deposit remaining after lawful deductions shall be returned to the Tenant within twenty-one (21) days of the check out date. An itemized account of all expenses deducted and a list of phone calls shall be included with the amount returned.

**Telephone usage:** Local phone calls are free. However, occupants must use a phone credit card for all long distance calls.

**Restrictions:** *Pets are not permitted. Smoking is not permitted.* Violation of these restrictions will result in forfeiture of the entire security deposit and termination of this lease.

**Occupancy:** The premises are to be occupied by the tenant and the persons listed below:

Name	Age	Relationship

**Appliances:** All appliances shall be used properly. Prior to occupancy, the tenant must attest to the fact that the appliances are working properly by initialing this document, (\_\_\_\_\_)

**Liabilities:** Tenant agrees to assume all liability and hold the Landlord harmless from any and all injuries to persons or damage to property caused by the Tenant or any other authorized occupants staying on the premises. Tenant agrees to pay any cost and reasonable attorney fees incurred by the landlord in defending any lawsuit or other action brought in reference to such injuries or damage. All personal property on the premises is at the Tenants risk and the Landlord shall not be held liable for any damage the Tenants personal property.

**Access:** The tenant shall allow the Landlord access to the premises for the purpose of repair and inspection. Landlord shall exercise this right in a reasonable manner. Except in the case of emergency, the Landlord shall give the Tenant reasonable notice before exercising the right of access.

**Acceptance:** By signing this lease, I, the Tenant attest that I have read and understood the terms and conditions of this agreement and consider this to be a legal and binding agreement.

**Paypal:** There is a 3% fee for all payments made through PayPal.

**Signed and agreed:**

Tenant \_\_\_\_\_ Date \_\_\_\_\_  
Tenant \_\_\_\_\_ Date \_\_\_\_\_  
Landlord \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING TENANT INFORMATION**

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ ST \_\_\_\_\_

TELEPHONE NUMBER \_\_ (\_\_\_\_) \_\_\_\_\_

FAX NUMBER \_\_ (\_\_\_\_) \_\_\_\_\_

PAGER NUMBER \_\_ (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_ (\_\_\_\_) \_\_\_\_\_

CREDIT REFERENCES \_\_\_\_\_