

Antigua Village Apartments Association, Inc.

APPLICATION FOR SALE / RENTAL

\$150.00 APPLICATION FEE MUST BE SUBMITTED WITH APPLICATION PAYABLE TO: Antigua

\$50.00 PROCESSING FEE PAYABLE TO: Cams by Stacia

PLEASE COMPLETE ALL AREAS – PLEASE PRINT – PLEASE ALLOW 10 DAYS FOR PROCESSING! (All Application and Processing Fees are NON-Refundable)

Address/Unit # _____

Possession Date: _____ OR Rental Terms _____ to _____

Applicant Information:

Name (Print) _____

Date of Birth: _____

Name of Spouse: _____

Date of Birth: _____

Driver's License NO.: _____

State Issued _____

Spouse's Driver's License No.: _____

State Issued _____

SS # _____

Spouse SS# _____

Present Address: _____

Applicants Email Address: _____

Vehicle Information: How Many:

Make: _____ Model: _____ Year: _____

State: _____ License #: _____

Make: _____ Model: _____ Year: _____

State: _____ License #: _____

Emergency Contact Person: _____

Phone: _____

Purpose of Purchase: __ Rent/Investment __ Part-Time Residence __

Full -Time Residence: __ Other Rental (length of lease, minimum 30 days)

If Rental/ Contact person: _____

Phone: _____

Names of Additional Persons to Occupy Premises (even all ages If under 18) *Anyone over the Age of 18 must complete a Separate Application and submit with Fee*** Please send All Applications and Payments together to avoid delays!!*

Per the Association's Rules and Regulations, only 1 cat per unit or 2 dogs each weighing <35 lbs.

Pet type: _____ **Breed:** _____ **Size:** _____ **Name:** _____

I have received a read a copy of the Rules and Regulations and understand my responsibilities as an owner/renter/occupant. There is only one (1) parking space per unit. I agree to abide by these rules.

Signature _____

Spouse Signature _____

Date _____

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION I agree to hold harmless, Community Association Management by Stacia, Inc. and all providers of Information on the prospective owner/tenant(s) stated above. In the event the information provided by me (us) is found to be misleading or false, my acceptance for this sale/ lease, whether determination is made before or after my date of ownership/occupancy, may be affected. I do hereby authorize with my (our) signature(s), the release of public records, credit report, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to: Community Association Management by Stacia, Inc. and all its members now and in the future for exclusive use of Antigua Village Apartments Association, Inc.

(Signature of Applicant) _____ **Phone** _____ **Date:** _____

(Signature of Applicant) _____ **Phone** _____ **Date:** _____

Return to: CAMS by Stacia 1800 2nd St Suite 717, Sarasota, FL. 34236
Office: (941) 315-8044
Email: office@cam-ss.com