

****GARDEN VILLAGE HOMEOWNERS ASSOCIATION****

APPLICATION FOR ☐ RENTAL/LEASE OR ☐ SALE/PURCHASE

Application must be completed in its entirety. Incomplete applications will be declined. Please send a copy of the signed application and a check for the \$100 application fee to **Community Association Management, Inc.** Please make check out to: **Garden Village** And a \$50 processing fee. **Please make check out to: CAMS by Stacia.** Please allow 14 days for processing applications.

APPLICATION MUST BE RECEIVED BY PROPERTY MANAGER IN ONE PACKAGE 14 DAYS PRIOR TO OCCUPANCY.

Current Unit Owner(s) _____ Unit Address _____

RENTERS: LEASING FROM _____ TO _____, _____ (year)

PURCHASERS ONLY: I/WE INTEND TO RESIDE AT G.V. ☐ FULL TIME ☐ PART TIME | Number of Owners: _____ *list all owners below*

Applicant #1:

Full Name _____

Address _____

E-Mail _____

Cell # _____ Date of Birth _____

Driver's License _____

SSN: _____

Applicant #2:

Full Name _____

Address _____

E-Mail _____

Cell # _____ Date of Birth _____

Driver's License _____

SSN: _____

Complete below for ALL additional persons under the age of 18 who will stay overnight in the unit. Anyone over 18 staying in the unit MUST complete an application. Max. Occupancy is 6 people, including children:

Full Name _____ DOB _____ SSN _____ DL# _____

Full Name _____ DOB _____ SSN _____ DL# _____

Full Name _____ DOB _____ SSN _____ DL# _____

Full Name _____ DOB _____ SSN _____ DL# _____

Pets ☐ NONE ☐ Cat ☐ Dog Breed: _____ Weight: _____

*Renters **can** have pets if authorized by owner. Failure to clean up pet waste can result in a \$100 fine.*

Emergency Contact: _____ Relationship _____ Phone: _____

Real Estate Agent: _____ Phone: _____ Email: _____

ACCEPTANCE OF ASSOCIATION DOCUMENTS, RULES & REGULATIONS AND GUIDELINES AND AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORD, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION

I have received and read a copy of all Association's Documents, Rules & Regulations, and Guidelines for Leasing a Property. I understand my responsibilities as an owner, tenant, and/or occupant. I agree to abide by the provisions to said documents. I agree to hold harmless Community Association Management by Stacia, Inc., and all providers of information on the prospective owner/ tenants stated above. If the information provided is found to be misleading or false, my acceptance for this lease whether determination is made before or after my date of occupancy, may be retracted.

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 signatures, to Community Association Management by Stacia, Inc. and all its members now and in the future for exclusive use to the Association. **All adults 18+ must sign below.**

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Return documents & fee to: Community Association Management by Stacia, Inc., 1800 2nd Street, Suite 717, Sarasota, FL 34236

Action by Association: ☐ Approved ☐ Not Approved Authorized Signature: _____ Date _____