

## PERIDIA PATIO 5 HOMEOWNERS ASSOCIATION

### APPLICATION FOR LEASE

PLEASE ALLOW THREE WEEKS FOR PROCESSING

#### LEASE TERM AND APPROVAL

ALL APPLICATIONS TO BE SUMMITTED 30 (THIRTY) DAYS IN ADVANCE FOR BOARD OF DIRECTORS APPROVAL. NO LEASE SHALL BE FOR LESS THAN THE ENTIRE HOME AND NO HOME SHALL BE LEASED FOR A PERIOD OF LESS THAN 3 MONTHS. WHEN THE OWNER(S) HAVE A PROSPECTIVE TENANT(S), **THE OWNER(S) WILL PROVIDE THE PROPERTY MANAGER AN APPLICATION FOR LEASE FILLED IN BY THE PERSPECTIVE TENANT(S), A COPY OF THE LEASE AND A NON-REFUNDABLE \$100.00 APPLICATION FEE PER APPLICATION PAYABLE TO: PERIDIA PATIO 5 HOMEOWNERS ASSOCIATION, INC., AND A NON-REFUNDABLE \$50.00 PROCESSING FEE PER APPLICATION/APPLICANT PAYABLE TO: CAMS BY STACIA.**

#### PLEASE PRINT

#### HOMEOWNERS INFORMATION

OWNER(S) NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ST \_\_\_\_\_

PHONE# \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

AGENT/REALTOR \_\_\_\_\_

HOMEOWNERS INSURANCE CO. \_\_\_\_\_

LEASE DATES FROM \_\_\_\_\_ TO \_\_\_\_\_

#### PLEASE PRINT

#### APPLICANT INFORMATION

NAME \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

DOB \_\_\_\_\_ DOB \_\_\_\_\_

DL# \_\_\_\_\_ DL# \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CURRENT ADDRESS \_\_\_\_\_

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

PHONE# \_\_\_\_\_ PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

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

PHONE# \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

**PLEASE NOTE: COMMERCIAL CARS OR TRUCKS CANNOT BE PARKED ON THE STREET OR IN THE DRIVE WAY**

VEHICLES: MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ TAG# \_\_\_\_\_

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ TAG# \_\_\_\_\_

PET(S) DOG/ CAT

TYPE \_\_\_\_\_ WEIGHT \_\_\_\_\_

BANK REFERENCEES

PERSONAL REFERENCES

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_

PHONE# \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_

PHONE \_\_\_\_\_

\*I/WE AUTHORIZE THE BOARD OF DIRECTORS OR ITS AGENTS TO INVESTIGATE MY/OUR BACKGROUND WHICH MAY INCLUDE CREDIT.

\*I/WE ENCLOSE THE NON-REFUNDABLE \$100.00 FEE PER APPLICATION PER LEASE TERMS & APPROVAL WITH THIS APPLICATION.

\*I/WE ENCLOSED THE NON-REFUNDABLE \$50.00 PROCESSING FEE PER APPLICANT: MADE PAYABLE TO CAMS BY STACIA

**\*I/WE ENCLOSE A COPY OF THE LEASE WITH THIS APPLICATION. I/WE HAVE RECEIVED AND READ THE RULES AND REGULATIONS FOR PATIO 5 HOMEOWNERS ASSOCIATION AND AGREE TO ABIDE BY THEM.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT(S)

\_\_\_\_\_  
SIGNATURE OF OWNER(S)

\_\_\_\_\_  
PRINTED NAME OF APPLICANT(S)

\_\_\_\_\_  
PRINTED NAME OF OWNER(S)

DATE \_\_\_\_\_

DATE \_\_\_\_\_

**ASSOCIATION REVIEW:**

**APPROVAL** \_\_\_\_\_

**DISAPPROVAL** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

**RETURN TO: COMMUNITY ASSOCIATION MANAGEMENT BY STACIA, INC.**

**1800 2<sup>nd</sup> Street, Suite 717**

**SARASOTA, FL 34236**

**OFFICE (941) 315-8044**

**FAX (941) 870-5490**

**EMAIL [Office@CAM-SS.COM](mailto:Office@CAM-SS.COM)  
Upload Application To:  
[cambystacia.cincwebaxis.c  
om](http://cambystacia.cincwebaxis.com)**