Ashton Pointe Homeowners Association

APPLICATION (check one) ___RENTAL/LEASE ___SALE/PURCHASE

Each application must be completed in its entirety. An incomplete application will not be considered for lease. A copy of the lease agreement must be attached to the application. A (\$100.00) NON-REFUNABLE fee, payable to the Association must be attached to each application submitted for approval, AND A NON-REFUNDABLE (\$50.00) processing fee (Per Applicant) payable to: Cams by Stacia.

MUST PRINT AND BE LEGIBLE.

Address & Unit #		Term of Lease/ Closing Date					
Name (Print)		Social Security #	DOB:				
Spouse (Print)		Social Security #DOB:					
Driver's License #	State:	Driver's License#(Spouse)	State:				
Phone Number(s):	Email Address:						
Spouse Phone(s):	E	mail Address:					
Present Address:		City/State	Zip				
Previous Address	City/State:Zip						
Name of Landlord/Mortgage: _	Bank (local)						
Employer:	Phone #	_ Employer					
(Spouse):		<u></u>					
References: Name, Address & P	hone # (other than famil	y or Real Estate Agent) Preferably Loc	cal:				
Vehicle Information:							
How many:Make:	Model:	Year:State:License #:					
Emergency Contact Person		Phone: _					

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!!***

NUMBER OF ADDITIONAL APPLICANTS_____

Names of additional persons to	Occupy Premises (give age	s if under 18)		
NAME	DOB		AGE	-
NAME	DOB		AGE	-
NAME	DOB		AGE	-
Pets: YesNo Type:	Size/We	eight:		
Is the prospective <u>tenant</u> a ser	vice member defined in s.25	0.01 Florida Statute	s to include any person on act	ive duty with the U.S.
Armed Forces or state active d	uty and all members of the F	lorida National Guar	d and U.S. Reserve Forces?	YesNo
I have received and read a coprenter/occupant. I agree to abid				
AUTHORIZATION FOR VI LEASE HISTORY AND EM			EDIT REPORT, PUBLIC R	ECORD, RENTAL OR
I agree to hold harmless Commowner/ tenant's stated above. I lease or whether determination	f the information provided by	y me (us) is found to	be misleading or false, wheth	
*LEASE RESTRICTIO	N: A homeowner must	wait for TWO (2) Years to lease a home	e after purchase.
I do hereby authorize with my employment verification, whet Inc and all its members now ar Signature:	(our) signature(s) the release her by fax, verbal, photocopy and in the future for exclusive	of public records, cr y or original signatur use of Ashton Pointe	edit report, rental or lease info e, to Community Association Homeowners Association, In	ormation and Management by Stacia, c.
Owner Name:		Co-Owner	:	
Address:		Phone:		
Date of Background Check By Signature:	Provider:	Initials: Com Title:	Date:	
Return Application and Fee to 717, Sarasota, FL 3423 Application ar	nd <u>all fee(s</u>)show Asht Community Asso 180	ıld be RETUR con Pointe H	NED VIA mailed to OA c/o agement by Stacia ite 717	ogether to:
(\$100.00) Ap	-	er Applicati Ashton Pointe H	lon/Applicant) Pa	yable to:
(\$50 00) Pr			on/Applicant) Pay	able to:

Cams By Stacia