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):	Email Address:							
Present Address:		City/State	Zip					
Previous Address		Zip						
Name of Landlord/Mortgage:	Bank (local)							
Employer:	Phone #	_ Employer (Spouse):	Phone#					
References: Name, Address & Ph	one # (other than fami	ly or Real Estate Agent) Preferably Lo	cal:					
Vehicle Information:								
How many:Make:	Model:	Year:State:License #:						
Emergency Contact Person	Phone:							
Anyone over the Age of 18 m	ust complete a Separa	te Application and submit with Fee l	Please send All Applications and					
	Payments t	ogether to avoid delays!!***						
	NUMBER OF A	DDITIONAL APPLICANTS						
Names of additional persons to Occ	cupy Premises (give age	s if under 18)						
NAME	DOB	AGE						

NAME	MMEDOB					
NAMEDOB			_AGE			
Pets: YesNo Type:		Size/Weight:				
Is the prospective <u>tenant</u> (ı service member defined	l in s.250.01 Florida St	atutes to include any	person on active c	luty with	the U.S.
Armed Forces or state acti	ve duty and all members	of the Florida National	Guard and U.S. Rese	rve Forces?	_Yes	No
I have received and read a renter/occupant. I agree to						
AUTHORIZATION FOI LEASE HISTORY AND			R CREDIT REPORT	Γ, PUBLIC RECO	ORD, RI	ENTAL OR
I agree to hold harmless Cowner/ tenant's stated abortor this lease whether dete	ve. In the event that the ir	nformation provided by	me (us) is found to be	e misleading or fal		
I do hereby authorize with employment verification, value and all its members no	whether by fax, verbal, pl w and in the future for ex	notocopy or original sig	nature, to Community Pointe Homeowners A	y Association Man Association, Inc.	agement	by Stacia,
Signature:		Date:Sign	ature:	Da	ite:	
Owner Name: Address:		Co-C	wner:e			
Address:	k By Provider:	Initials:	Comments:			
Signature:		Title:		Date:		
Return Application and Fe 853, Sarasota, FL 3423 Application	e to: Ashton Pointe HOA and all fee(s					
	Community	Ashton Point Association M 1800 2 nd St.	Management by Suite 853	y Stacia		
		Sarasota, F				
(\$100.00)	Application Fe	ee (per Applic Ashton Poin	= =	cant) Payak	ole t	0:
(\$50.00)	Processing Fee	e (per Applica Cams By		ant) Payabl	le to	: