

Fairfield Neighborhood Association, Inc.

Community Association Management by Stacia Inc.

1800 2nd. Street Suite 853

Sarasota, Florida 34236

Email: office@cam-ss.com /Phone 941-315-8044

APPLICATION TO LEASE A HOME (6 month minimum)

Address of home: _____

To facilitate consideration of this application, Applicant represents that the following information is factual. Applicant is aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection. Applicant consents to the making of further inquiry concerning this application.

Applicant specifically consents to a credit and background report and hereby authorizes disclosure of information by Equifax or such other agency or service that may be chosen by the Association. Employment records, any criminal records, and rental history also may be checked by the Association and verified, and I hereby authorize disclosure of such information to the Association by a reporting agency.

Occupancy of the home is limited to a single family (the owners, their parents or their children). **Owners may lease their home subject to Association approval and applicable restrictions, rules and regulations.**

Full name of Applicant _____

Soc. Sec. No. _____ Birth Date _____

Occupation/Employer _____ Phone _____

Full Name of Spouse _____

Soc. Sec. No. _____ Birth Date _____

Occupation/Employer _____ Phone _____

Full name and relationship to applicant of others who will occupy the home with Applicant, including children:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

No more than three pets are allowed. No Dangerous Breeds allowed.

Kind of pet _____ Weight _____

Kind of pet _____ Weight _____

Present address of Applicant:

Owners/Managers Name: _____

Street _____ City _____

State _____ Zip _____ How Long _____

Present phone: Home (____) _____ Office (____) _____

Email _____

Vehicles to be kept at the home:

Make _____ Type _____ Year _____ Tag No _____ State _____

Make _____ Type _____ Year _____ Tag No _____ State _____

Drv Lic. # _____ Drv Lic.. # _____

Person to be notified in case of emergency:

Name _____

Address _____

City, State, Zip _____

Phone No (including area code) (Home) _____

(Office) _____

Occupancy date (attach copy of lease):

From (Date) _____ to _____

Real Estate Agent (I/A): _____ Phone: _____

Email _____

CRIMINAL HISTORY

ALL TENANTS MUST PROVIDE THE FOLLOWING CRIMINAL HISTORY INFORMATION; ATTACH ADDITIONAL SHEETS OR OTHER DOCUMENTATION AS NECESSARY TO EXPLAIN INFORMATION.

1. Have you ever been convicted for a crime? Yes _____ No _____
2. If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. Attach additional sheets and/or other documentation as necessary to explain the information requested herein. Denial of a rental application shall not be based solely upon the conviction of a crime. The Association and Management, however, may consider the nature, date and circumstances of the offense(s) as well as whether the offense(s) is relevant to the safety and welfare of persons residing in the community and in keeping the community a strictly family - friendly and safe environment.
3. Are you currently out on bail, the subject of a current warrant for arrest or released on your own recognizance pending trial? Yes _____ No _____
4. If yes, explain the nature of the offense, warrant and or arrest.
5. The undersigned tenants/co tenants state the preceding criminal history is true and correct, and any misstatements or omission of material facts in this Rental Application will result in immediate disqualification and denial of the Rental Application or immediate termination of lease.

THE ASSOCIATION IS GOVERNED BY USE RESTRICTIONS, RULES AND REGULATIONS CONCERNING THE USE OF THE HOME AND THE COMMUNITY PROPERTY.

BY SIGNING THIS APPLICATION I AGREE TO BE AWARE AND ABIDE BY ALL APPLICABLE USE RESTRICTIONS, RULES AND REGULATIONS GOVERNING THE USE OF THE HOME AND THE COMMUNITY PROPERTY.

BY SIGNING THIS APPLICATION I CERTIFY THAT I HAVE RECEIVED A COPY OF THE "USE RESTRICTIONS" AND "RULES AND REGULATIONS" AND I FURTHER AGREE, TO TAKE FULL RESPONSIBILITY FOR ANY GUESTS THAT I HAVE, AND THAT THEY WILL ALSO ABIDE BY ALL RULES AND REGULATIONS.

BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT ANY VIOLATION OF THE TERMS, PROVISIONS AND COVENANTS OF THE ASSOCIATION DOCUMENTS INCLUDING THE "RULES AND REGULATIONS" PROVIDES FOR IMMEDIATE ACTION AS PROVIDED IN THOSE DOCUMENTS.

BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT THE ASSOCIATION HAS 15 DAYS TO CONSIDER THIS APPLICATION AFTER IT IS RECEIVED BY THE ASSOCIATION AND THAT OCCUPANCY OF THE HOME BEFORE APPROVAL OF THIS APPLICATION WILL RESULT IN DISAPPROVAL OF THE APPLICATION.

Dated: _____ Applicant: _____

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Send completed application to Community Association Management by Stacia, Inc., 1800 2nd Street, Suite 853, Sarasota, Florida 34236. Please include the \$100.00 Application Fee check made out to Fairfield Neighborhood Association and check for \$50.00 Processing Fee made out to CAMS by Stacia.

FOR OFFICE USE ONLY

RECEIPT:

Received by: _____ Date _____

Interviewed by: _____ Date _____

ACTION: APPROVED _____ DISAPPROVED _____

Signature _____ Date _____

Signature _____ Date _____