

FAIRWAY TRACE AT PERIDIA ASSOCIATIONS I AND II  
**Application for RENTAL (Effective January 2022)** (Draft 06/01/2023)

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**Emailed Applications Are Not Accepted**

The Declaration of Condominium provides that the Association has up to 15 days to approve or reject this application, except for active military and reserve members, who must have a response within 7 days. Rentals must be a minimum of 3 months between each rental start date. Use of common facilities is assigned to renters for the rental period. Garages must be made available to renters during the rental period.

**A complete application must include:**

- This form, completed by the present owner, proposed buyer, and agent handling the purchase.
- A copy of the signed purchase agreement.
- **A NON- REFUNDABLE check for \$100. Payable to: Fairway Trace at Peridia**
- **A NON-REFUNDABLE check for \$50. Payable to: Cams by Stacia**
- Any other information/documentation that the Board may reasonably require.

**The Board will not consider incomplete applications**

**Property Address** \_\_\_\_\_, Bradenton, FL 34203

**Closing Date** \_\_\_\_\_

**Unit Owner Name(s)** \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Prospective Buyer(s)**

Name (Print) \_\_\_\_\_ D.O.B. \_\_\_\_\_ Driver's License#/State \_\_\_\_\_ Social Security# \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Phone#'s Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone# \_\_\_\_\_

**Name(s) of guests who may occupy the unit with you. Renters must be present when guests are present. No more than 6 persons may occupy a unit at any one time.**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Auto(s)** Year/Make/Model \_\_\_\_\_ License Plate \_\_\_\_\_

Limit 2 per unit Year/Make/Model \_\_\_\_\_ License Plate \_\_\_\_\_

**Pet Description** – Only 1 allowed per unit. Must be under 25 pounds \_\_\_\_\_

**Emergency Contact** Name \_\_\_\_\_ Phone# \_\_\_\_\_

Street \_\_\_\_\_

City/St/ZIP \_\_\_\_\_

[Type here]

**\*\*\*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!!**

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**References** – Please list two persons other than spouses.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City/St/ZIP \_\_\_\_\_  
Phone# \_\_\_\_\_

**The prospective renter agrees to have received, read, and will abide by the most recent published Rules and Regulations for the Fairway Trace at Peridia association.**

\_\_\_\_\_ Renter's Initials

**Contact information of the agent handling this Lease**

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Email \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS**

**DISCLOSURE:**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. A consumer report and/or investigative consumer report may be obtained at any time during the application process or during your residence. In the event of adverse action, upon timely written request of the association or management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

**AUTHORIZATION:**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having information about you to furnish any reporting agency of Community Association Management by Stacia, Inc's choice with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

**Signatures**

Owner(s)	Date	Renter(s)	Date
_____	_____	_____	_____
_____	_____	_____	_____

**Send Completed Application Form, Copy of Purchase Agreement, and Check To:**

**Community Association Management by Stacia, Inc.  
The Courthouse Center Building  
1800 2<sup>nd</sup> St. Suite 853  
Sarasota, FL 34236**

Office Contact Information:  
Email office@cam-ss.com  
Phone 941-315-8044

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Reserved For Board Member

Board Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

[Type here]

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# Fairway Trace II

## Peridia Golf and Country Club

Animal Registration Related to the Pet Policy.



Species:

Name of animal:

Gender:

Age:

Spayed/neutered (neither):

Breed:

Weight:

Height at shoulder:

Vaccination Dates: According to Manatee County

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