

******Key Point Village Condominium Application******

RENTAL: Arrival Date _____ Departure Date _____, Year _____

PURCHASE: Closing Date: _____ will reside at KPV FULL TIME PART TIME | # of Owners: _____

Please mail the following to the address at bottom of form:

- Completed Condominium Application
- A Copy of the Lease Agreement
- Signed KPV Rules & Regulations
- Non-refundable fees (*check payable to KPV Associates*)

Application/Background Fees:

\$100 - 1st two applicants | \$40 each additional adult (18+)
Fees are not required for returning renters who have been previously vetted or for lease extensions. Lease extensions must be submitted in writing and approved before extension.

ALL PAPERWORK & FEE(S) MUST BE RECEIVED BY CAMS BY STACIA IN ONE PACKAGE 20 DAYS PRIOR TO OCCUPANCY. NO EXCEPTIONS.

Current Unit Owner(s) _____ Unit Address _____

Applicant #1: Previous Renter? *If so, omit DL, SSN, DOB below*

Applicant #2: Previous Renter? *If so, omit DL, SSN, DOB below*

Full Name _____

Full Name _____

Address _____

Address _____

E-Mail _____

E-Mail _____

Cell # _____ Date of Birth _____

Cell # _____ Date of Birth _____

SSN _____

SSN _____

Driver's License _____

Driver's License _____

Complete below for ALL additional persons who will stay overnight in the unit. Max. Occupancy is 6 people, including children:

#3: Full Name _____ Previous Renter? SSN _____

Address _____ DOB _____ DL # _____

#4: Full Name _____ Previous Renter? SSN _____

Address _____ DOB _____ DL # _____

#5: Full Name _____ Previous Renter? SSN _____

Address _____ DOB _____ DL # _____

#6: Full Name _____ Previous Renter? SSN _____

Address _____ DOB _____ DL # _____

Pets NONE Cat Dog Breed: _____ Weight: _____ Name: _____

*Renters **cannot** have pets. Owners' pets (1 dog or 2 cats under 15lbs) are not allowed in the courtyard/pool area at any time.*

Emergency Contact/Agent: _____ Phone: _____ Email: _____

ACCEPTANCE OF ASSOCIATION DOCUMENTS, RULES & REGULATIONS AND RENTAL GUIDELINES AND

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR PUBLIC RECORDS BACKGROUND SCREENING - all adults 18+

I have received and read a copy of all Association Documents, Rules & Regulations and Guidelines for Leasing. I understand my responsibilities as an owner, tenant and/or occupant. I agree to abide by the provisions to said documents. I agree to hold harmless Community Association Management by Stacia, Inc., and all providers of information on the prospective owner/ tenants stated above. If the information provided is found to be misleading or false, my acceptance for this lease or purchase whether determination is made before or after my date of occupancy, may be retracted. I do hereby authorize with my/our signature(s) the release of public records, whether by fax, verbal, photocopy or original signatures, to Community Association Management by Stacia, Inc. and all its members now and in the future for exclusive use to the Association. **ALL ADULTS 18+ MUST SIGN BELOW:**

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Return documents & fee to: Community Association Management by Stacia, Inc., 1800 2nd Street, Suite 853, Sarasota, FL 34236