MAINSTREET AT BRADENTON CONDOMIMIUM ASSOCIATION
APPLICATION FOR LEASE/RENT OF UNIT*

OWNER SECTION:

UNIT NUMBER_____CURRENT OWNER(S)_____ UNIT ADDRESS_____CITY_____ STATE_____ZIP CODE_____OWNER PHONE_____ IF LEASED BY AN OWNER AGENT. AGENT NAME_____ AGENT EMAIL_____AGENT PHONE_____ DATES OF LEASE TERM _____

OWNER AGREES THAT THEY ARE RESPONSIBLE FOR THE TENANT AND THAT THE RULES/REGULATIONS FOR TENANTS OF MAINSTREET CONDOMINIUMS HAVE BEEN COMMUNICATED TO THE TENANT. THE OWNER FURTHER ACKNOWLEDGES THAT IF THE TENANT(S) CAUSES DAMAGE TO THE COMMON ELEMENTS OF THE ASSOCIATION, THE OWNER WILL BE FINANCIALLY LIABLE FOR ANY AND ALL REPAIRS.

Signature of Owner or Legal Agent: _____

TENANT SECTION:

NAME(PLEASE PRINT)_____DOB_____ SS#_____Driver License #_____State_____ CURRENT ADDRESS_____CITY_____ STATE_____ZIP CODE_____PHONE_____ EMAIL ADDRESS _____ALT PHONE_____ CO-APPLICANT/SPOUSE NAME_____DOB_____ SS#_____Driver License #_____State_____ CURRENT ADDRESS_____CITY_____ STATE_____ZIP CODE_____PHONE_____ EMAIL ADDRESS _____ALT PHONE_____

Note: Tenants are not permitted to have pets in a rental/leased unit. Please initial here that you have read and understand this requirement_____

VEHICLE(S):

MAKE_____MODEL_____YEAR_____PLATE #_____
MAKE_____MODEL_____YEAR_____PLATE #_____

*****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!!***

NAMES AND RELATIONSHIPS OF ALL PERSONS WHO WILL OCCUPY THE UNIT, INCLUDING TEMPORARY OR SHARED CUSTODY ARRANGEMENTS:
NAME_____DOB_____SS#_____
NAME_____DOB_____SS#_____

1. BY SIGNING BELOW, I AUTHORIZE THE BOARD OF DIRECTORS OR ITS ASSIGNEE TO INVESTIGATE MY/OUR BACKGROUND(S), WHICH INCLUDES A CREDIT REPORT.

 2. I HAVE READ THE DOCUMENTS AND RULES AND REGULATIONS FOR THE MAINSTREET CONDOMINIUM ASSOCIATION AND AGREE TO ABIDE BY THEM.

3. A $100.00 NON-REFUNDABLE DEPOSIT MUST ACCOMPANY THIS APPLICATION AND BE MADE PAYBLE TO MAINSTREET AT BRADENTON CONDO ASSN.

4. A $50.00 NON-REFUNDABLE PROCESSING FEE (PER APPLICANT) MUST ACCOMPANY THIS APPLICATION MADE PAYABLE TO: CAMS BY STACIA

TENANT SIGNATURE(S)_____DATE_____

CO-APPLICANT_____DATE_____

RETURN THIS APPLICATION WITH APPLICATION AND PROCESSING FEES(S), COPY OF LEASE AGREEMENT, AND ALL REQUIRED DOCUMENTATION TO: *NOTE-EMAIL APPLICATIONS NOT ACCEPTED*

Community Association Management by Stacia
1800 2ⁿᵈ St. Suite 853
Sarasota, Fl. 34236

*PLEASE ALLOW 2 WEEKS TO PROCESS THIS APPLICATION. MAINSTREET CONDOMINIUM ASSOCIATION APPROVAL:

_____YES_____NO AUTHORIZED ASSOCIATION BOARD SIGNATURE_____