

Marshall's Landing Homeowner's Association, Inc.

Managed by CAMS by Stacia, 1800 2nd St., Suite 853, Sarasota, FL 34236
Phone: 941-315-8044

RENTAL APPLICATION

Name – Applicant #1: _____

Name – Applicant #2: _____

Current Address: _____

City/State/Zip: _____

Email address(es): _____

Phone(s): _____
(list area code/number—indicate if a cell phone)

(list area code/number—indicate if a cell phone)

Driver's License : Applicant #1 _____

Driver's License : Applicant #2 _____

Social Security # : Applicant #1 _____

Social Security # : Applicant #2 _____

DOB Applicant #1 _____ BOD Applicant #2 _____

I am planning to rent the following Home in Marshall's Landing.

_____ 56th. Ct. East Bradenton, FL 34203

Owner's name: _____

Lease dates: _____

Vehicle(s) you will be bringing to Marshall's Landing:

Make: _____ Model: _____ Tag #: _____

Make: _____ Model: _____ Tag #: _____

Emergency Contact Name: _____

Relationship: _____

Phone: _____

Email: _____

1. BY SIGNING BELOW, I AUTHORIZE THE BOARD OF DIRECTORS, CAMS BY STACIA INC 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 MARSHALLS LANDING HOMEOWNERS ASSOCIATION AND AGREE TO ABIDE BY THEM
3. **A \$100.00 NON-REFUNDABLE DEPOSIT MUST ACCOMPANY THIS APPLICATION AND BE MADE PAYABLE TO MARSHALLS LANDING HOA**

APPLICANT
SIGNATURE _____ DATE _____

CO-
APPLICANT _____ DATE _____

RETURN THIS APPLICATION WITH DEPOSIT CHECK AND COPY OF LEASE AGREEMENT to **COMMUNITY ASSOCIATION MANAGEMENT BY STACIA, 1800 2ND ST, SUITE 853, SARASOTA, FL 34236**

***PLEASE ALLOW 2 WEEKS TO PROCESS THIS APPLICATION.**

MARSHALLS LANDING ASSOCIATION APPROVAL: _____ YES _____ NO

AUTHORIZED ASSOCIATION BOARD

SIGNATURE _____ DATE _____