Palm Gardens of Sarasota C	•
APPLICATION FOR SA \$150 APPLICATION FEE PAYABLE TO PALM GARDEN \$50 PROCESSING FEE PAYABLE TO CAMS BY STACIA ***ALL APPLICATION AND PROCESSING F	S MUST BE SUBMITTED WITH APPLICATION A MUST BE SUBMITTED WITH APPLICATION
PLEASE COMPLETE ALL AREAS – PLEASE PRINT – P	
Address/Unit #	
Possession Date: OR Rental Te	rms to
Applicant Information:	
Name (Print) EMAIL:	Date of Birth: PHONE:
Name of Spouse: EMAIL:	
Driver's License NO.:	State Issued
Spouse's Driver's License No.:	State Issued
SS # Spouse	9 SS#
Present Address:	
Vehicle Information: How Many:	
Make: Model:	Year:
State: License #:	
Make: Model:	Year:
State: License #:	
Emergency Contact Person:	
Phone:	
Purpose of Purchase: Rent/Investment Part-T	ime Residence
Full -Time Residence: Other Rental (length of lea	se, minimum 30 days maximum 3x

annually)

If Rental/ Contact person	1:		
Phone:			
complete a Separate Application and su	sons to Occupy Premises ubmit with Fee*** Please send All Applicat NUMBER OF ADDITIONAL /	tions and Payments togeth	der 18) Anyone over the Age of 18 must er to avoid delays!!
Per the Association's Ru	les and Regulations, only	2 pets max. allo	wed in each unit.
Pet type(s):	Breed:	Size:	Name:
	copy of the Rules and Reg mer/renter/occupant. The rules.	•	-
Signature			
Spouse Signature			
Date			
LEASE HISTORY AND EMPLO Management By Stacia, Inc. a the event the information prov lease, whether determination hereby authorize with my (our information and employment	DYMENT VERIFICATION I agree nd all providers of Information vided by me (us) is found to be is made before or after my date r) signature(s), the release of pe verification, whether by fax, ve Stacia, Inc. and all its members	e to hold harmless, 0 on the prospective misleading or false e of ownership/occu ublic records, credit rbal, photocopy or o	owner/tenant(s) stated above. In , my acceptance for this sale/ ipancy, may be affected. I do t report, rental or lease original signature, to: Community
		Phone	Date:
(Signature of Applicant)			
		Phone	Date:
(Signature of Applicant)			
Office: (941) 315-8044	a 1800 2 nd St. Suite 717, S		
	amsbystacia.cincwebaxis e check payable to: PALM GA	•	<u>ce@cam-ss.com</u>

\$50 PROCESSING FEE: Make check payable to: CAMS BY STACIA