

**\*\*GARDEN VILLAGE HOMEOWNERS ASSOCIATION\*\***

APPLICATION FOR  RENTAL/LEASE OR  SALE/PURCHASE

Application must be completed in its entirety. Incomplete applications will be declined. Please send a copy of the signed application and a check for the \$100 application fee to **Community Association Management, Inc.** Please make check out to: **Garden Village**  
Please allow 14 days for processing applications.

**APPLICATION MUST BE RECEIVED BY PROPERTY MANAGER IN ONE PACKAGE 14 DAYS PRIOR TO OCCUPANCY.**

Current Unit Owner(s) \_\_\_\_\_ Unit Address \_\_\_\_\_

**RENTERS:** LEASING FROM \_\_\_\_\_ TO \_\_\_\_\_, \_\_\_\_\_ (year)

**PURCHASERS ONLY:** I/WE INTEND TO RESIDE AT G.V.  FULL TIME  PART TIME | Number of Owners: \_\_\_\_\_ list all owners below

**Applicant #1:**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Cell # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License \_\_\_\_\_

SSN: \_\_\_\_\_

**Applicant #2:**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Cell # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License \_\_\_\_\_

SSN: \_\_\_\_\_

**Complete below for ALL additional persons under the age of 18 who will stay overnight in the unit. Anyone over 18 staying in the unit MUST complete an application. Max. Occupancy is 6 people, including children:**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ DL# \_\_\_\_\_

Full Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ DL# \_\_\_\_\_

Full Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ DL# \_\_\_\_\_

Full Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ DL# \_\_\_\_\_

Pets  NONE  Cat  Dog Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

*Renters **can** have pets if authorized by owner. Failure to clean up pet waste can result in a \$100 fine.*

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Real Estate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ACCEPTANCE OF ASSOCIATION DOCUMENTS, RULES & REGULATIONS AND GUIDELINES AND AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORD, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION**

I have received and read a copy of all Association's Documents, Rules & Regulations, and Guidelines for Leasing a Property. 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 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, credit report, rental or lease information and employment verification, 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: \_\_\_\_\_

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

Action by Association:  Approved  Not Approved Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_