

RENTAL
Strathmore Villa South Association, Inc.
C/O SunVast Properties, Inc.
321 Interstate Blvd.
Sarasota, FL 34240
941 378-0260 Fax 941 378-0322
Contact: James Ro, CAM

AN "OVER 55" COMMUNITY

APPLICATION FOR APPROVAL TO RENT

DATE OF APPLICATION _____

THIS FORM IS TO BE COMPLETED IN FULL BY THE APPLICANT(S) AND SUBMITTED TO THE INTERVIEW AND APPROVAL COMMITTEE PRIOR TO THE COMPLETION OF ANY RENTAL AGREEMENT.

FOR THE PURPOSE OF APPROVAL OR DISAPPROVAL OF THIS APPLICATION, THE ASSOCIATION **REQUIRES TEN (10) BUSINESS DAYS** PRIOR TO THE COMMENCEMENT OF ANY RENTAL.

****NOTE!** THE MEMBERSHIP VOTED ON DECEMBER 20, 1994 TO AMEND THE DECLARATION OF CONDOMINIUM TO ALLOW STRATHMORE VILLA SOUTH TO ACT AS A COMMUNITY FOR OLDER PERSONS. THE APPROVED AMENDMENT READS AS FOLLOWS: "A UNIT MAY BE LEASED OR INHABITED BY ANY PERSON(S) PROVIDED THAT AT LEAST ONE PERSON OCCUPYING THE UNIT HAS ATTAINED THE AGE OF 55 YEARS OR OLDER. NO ONE UNDER EIGHTEEN (18) YEARS OF AGE CAN PERMANENTLY OCCUPY A UNIT. IT IS THE INTENT OF THE ASSOCIATION TO COMPLY WITH TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968, AS AMENDED BY THE FAIR HOUSING AMENDMENTS ACT OF 1988, 42 USC 3600 ETC. AND SECTION 760.20-760.31, FLORIDA STATUTES AS AMENDED FROM TIME TO TIME."

PLEASE INCLUDE WITH THIS APPLICATION: 1. A NON-REFUNDABLE APPLICATION FEE OF \$50.00 PER PERSON 2. A COPY OF THE COMPLETED CONTRACT FOR SALE 3. PROOF OF AGE OF ALL RENTAL RESIDENTS, PHOTO COPIED ON AN 8" X 11" PAPER THIS INFORMATION IS CONFIDENTIAL FOR THE OFFICE RECORDS

CHECKS SHOULD BE MADE PAYABLE TO SUNVAST

NAME OF PRESENT OWNER(S): _____ VILLA #: _____

NAME(S) OF APPLICANT(S): _____

PRESENT ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

EMPLOYER: _____ PHONE: _____

RENTAL DATES: _____

LOCAL (OR OUT OF TOWN) REFERENCES (Name, Address & Phone Numbers)

DO YOU OWN OR PLAN TO OWN A HOUSE PET? YES () NO () Type of Pet _____
(Refer to Rules and Regulations Page 5 Pets)

DO YOU OWN OR PLAN TO OWN A TRAILER, CAMPER, BOAT, OR TRUCK? YES () NO ()
MOTORCYCLES AND MOTORBIKES ARE NOT PERMITTED. (Refer to Rules and Regulations Page 4
Automobiles)

IT IS MY UNDERSTANDING THAT THIS APPLICATION IS PRELIMINARY ONLY, AND INVOLVES NO
OBLIGATION OF THE BOARD OF DIRECTORS TO APPROVE (Initial Here) _____

APPLICANT(S) SUBJECT TO CREDIT CHECK AND CRIMINAL CHECK AT HIS/HER EXPENSE.
(Initial Here) _____

I/WE HAVE RECEIVED A COPY OF STRATHMORE VILLA SOUTH DECLARATION OF CONDOMINIUM, THE
BY-LAWS AND RULES AND REGULATIONS (Initial Here) _____

I/WE HAVE READ AND UNDERSTAND THESE DOCUMENTS AND AGREE TO ABIDE BY THEIR CON-
TENTS. (Initial Here) _____

OWNERS SHALL BE RESPONSIBLE FOR ENSURING THAT THEIR GUESTS COMPLY WITH ALL THE
RULES AND REGULATIONS OF THE ASSOCIATION. (Initial Here) _____

I/WE CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT AND DO AUTHORIZE HEREIN THE
BOARD OF DIRECTORS TO MAKE THEIR INVESTIGATION

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____

NAME OF DESIGNATED OCCUPANT(S) _____

SIGNATURE _____ DATE _____

INTERVIEW & APPROVAL COMMITTEE COMMENTS

APPROVE () DISAPPROVED ()
DATE _____

_____, CHAIRMAN OF THE INTERVIEW AND APPROVAL
COMMITTEE

THIS IS TO CERTIFY THAT THE ABOVE APPLICANT(S) HAS/HAVE BEEN APPROVED BY STRATHMORE
VILLA SOUTH ASSOCIATION, INC., AS THE OWNER OF VILLA # _____

_____, PRESIDENT OR _____ VICE PRESIDENT

DATE _____

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IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE THE FOLLOWING
INFORMATION TO THE INTERVIEW COMMITTEE WITH HIS OR HER APPLICATION

DATE: _____ VILLA # _____

NAME (Bank Reference) : _____

ADDRESS: _____

RE: Applicant(s): _____

GENTLEMEN:

THE ABOVE-NAMED PERSON(S) HAS/HAVE MADE APPLICATION OF RESIDENCY IN
STRATHMORE VILLA SOUTH CONDOMINIUM. YOUR BANK WAS GIVEN AS REFERENCE AS
TO THEIR FINANCIAL RESPONSIBILITY.

THANK YOU SINCERELY,

_____, CHAIRMAN, INTERVIEW AND APPROVAL COMMITTEE,
STRATHMORE VILLA SOUTH

BANK ACCOUNTS INFORMATION: YES _____ NO _____

DATE SIGNATURE OF RENTER

SIGNATURE OF BANK OFFICIAL DATE

CRIMINAL / CREDIT CHECK APPLICATION

Association Name: _____

Property Address: _____

Applicant Name: Last Middle First	Marital Status:	Social Security Number:	Date of Birth:
Other Residents: Last Middle First	Relationship:	Social Security Number:	Date of Birth:
Other Residents: Last Middle First	Relationship:	Social Security Number:	Date of Birth:
Other Residents: Last Middle First	Relationship:	Social Security Number:	Date of Birth:

Residence History

Current Address	Address(include apartment #):	City, State, Zip:	Phone:
Previous Address	Address(include apartment #):	City, State, Zip:	Phone:

EMERGENCY CONTACT

Name of Nearest Relative/Contact	Relationship:	Address, City, State, Zip:	Phone:

If You Answer Yes To Any Of These Questions, Please Write Year Of Occurrence And Give A Brief Explanation.

Have you ever filed for bankruptcy? _____
Have you ever been evicted or asked to move out? _____
Have you ever been convicted for selling, distributing or manufacturing illegal drugs? _____
Have you ever been convicted of a felony? _____

By completing this application I agree that you may conduct a credit, background and reference check of me. I hereby authorize Information Access Network to use any consumer reporting agency, credit bureau, or other investigative agencies to investigate the references within this application or statements of other data obtained from me or any other person pertaining to my employment history, prior credit tendencies, character, general reputation, personal characteristics, and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the owner's agent in support of this application. I have been advised that I have the right, under Section 606B of the Fair Credit Reporting Act, to make a written request, within 60 days, for a complete and accurate disclosure of the nature and scope of this investigation. The facts set forth on this sheet are true and complete. I, as the prospective applicant agree that a complete investigation of all on this sheet will not constitute invasion of privacy. I authorize Information Access Network to obtain credit reports, criminal and eviction background information. Information Access Network has my permission to release information found in their screening process.

APPLICANT SIGNATURE _____ **DATED:** _____, 20____

Co-APPLICANT SIGNATURE _____ **DATED:** _____, 20____