

PARK PLACE VILLAS CONDOMINIUM ASSOCIATION, INC.

c/o Sunstate Management Group
P.O. Box 18809, Sarasota, FL 34276
Tel. 941.870.4920 / Fax: 941.870.9652
Brian@sunstatemanagement.com

Lease Application

(Revision date April 1, 2016)

In accordance with Article 10 of the Association's Declaration of Condominium, this form must be completed in its entirety and delivered to the Association, along with a \$100 non-refundable application fee, not less than thirty (30) days prior to any unit owner's acceptance of an offer to lease. The Association will not approve the lease of any unit until after the Board of Directors' timely receipt of this application, completion of its investigation, and the return of an approved copy of the Certificate of Approval, signed by at least two (2) representatives of the Board of Directors, to the unit owner (or his agent as may be designated in writing by the owner).

It is the Owner's responsibility to furnish to the Tenant a copy of this application along with a copy of all the Association's governing documents, including but not limited to its Rules and Regulations. As part of the Lease Approval process, a personal interview will be arranged between the Tenant(s) and two (2) representatives of the Board of Directors.

In the event an applicant provides false, misleading or incomplete information, the Board shall reject the application and may thereafter take legal actions for damages or for injunctive relief, or both, in addition to the remedies provided by statute and common law. In any such legal or equitable action or proceeding, the prevailing party shall be entitled to recover his costs and expenses, including reasonable attorney's fees to be determined by the court, including Appellate proceedings.

In the event an Application is disapproved, the unit shall not be leased and possession of the unit shall not be authorized until such time as an Application is provided to and Approved by the Board of Directors.

In accordance with Article 10 of the Park Place Villas Condominium Association Declaration of Condominium,

I (we) the undersigned Owner(s) of the Unit No. _____ located at _____

request approval to lease the unit from _____ to _____.

(Minimum of six months – Maximum of 12 months)

***NOTE: Automatic renewal and/or month-to-month occupancy for any reason is prohibited in any lease.**

Application Checklist

This application must be accompanied by the following materials:

- _____ A check for \$100 made payable to Park Place Villas Condominium Association, Inc. for the processing of this application;
- _____ Copy of the Lease Agreement;
- _____ Complete Application to Lease (Page 2-4); and
- _____ Unit Owner Request for Approval of Tenant or Lessee (Page 5).

When the application and all supporting materials are complete, submit the entire package to the Park Place Villas Condominium Association, Inc., c/o Sunstate Management, P.O. Box 18809, Sarasota, FL 34276. The office phone number is 941.870.4920. **Incomplete packages will NOT be accepted or processed.**

NOTE: Any tenant who is a non-family member must submit a separate Application and Fee. Maximum number of tenants is four (4)

TENANT APPLICANT

TODAY'S DATE ____/____/____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ Jr/Sr _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE/ID # _____ STATE _____

WHERE BORN _____ BIRTHDATE ____/____/____

OTHER NAMES USED: _____

CURRENT ADDRESS _____ Unit # _____ CITY _____ ST _____ ZIP _____
Rental _____ or Owned _____ Single Family Home? ____ Yes ____ No

PHONE # _____ DATE MOVED IN ____/____/____

COMPLEX NAME _____ MGR/OWNER NAME _____ PHONE _____

REASON FOR MOVING _____

PRIOR ADDRESS _____ Unit # _____ CITY _____ ST _____ ZIP _____
Rental _____ or Owned _____ Single Family Home? ____ Yes ____ No

COMPLEX NAME _____ MGR/OWNER NAME _____ PHONE _____

MOVE IN DATE ____/____/____ MOVE OUT DATE ____/____/____

OTHER OCCUPANTS:

SPOUSE or Family Member – Tenant #2: (Leave blank if not applicable)

FULL NAME _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE/ID # AND STATE _____ BIRTHDATE ____/____/____

OTHER NAMES USED _____

WHERE BORN _____

FAMILY MEMBER - TENANT #3: (Leave blank if not applicable)

FULL NAME _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE/ID # AND STATE _____ BIRTHDATE ____/____/____

OTHER NAMES USED _____

WHERE BORN _____

FAMILY MEMBER - TENANT #4: ((Leave blank if not applicable)

FULL NAME _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE/ID # AND STATE _____ BIRTHDATE ____/____/____

OTHER NAMES USED _____

WHERE BORN _____

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VEHICLES: Vehicles must be garaged in the 2 car garage; parking on street or grass is prohibited – vehicles are limited to two (2) per unit.

MAKE & COLOR _____ YEAR _____ LICENSE # _____ STATE _____

MAKE & COLOR _____ YEAR _____ LICENSE # _____ STATE _____

NOTE: Commercial Vehicles of any kind or vehicles with signage of any kind are not permitted

PETS: Tenants may not have pets.

EMERGENCY CONTACT (SOMEONE OVER 18 NOT LIVING WITH YOU):

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY/STATE/ZIP _____

WORK PHONE _____ HOME PHONE _____

AUTHORIZATION: I, OR WE, DECLARE THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND ALSO AUTHORIZE PARK PLACE VILLAS CONDOMINIUM ASSOCIATION, INC. TO PERFORM CREDIT AND BACKGROUND CHECKS TO VERIFY THE ACCURACY OF THE FOREGOING APPLICATION USING THE FOLLOWING NATIONAL SERVICE BUREAU BASED IN TEXAS:

App Verification Services, Inc.

Signatures required from any tenant 18 years or older.

Phone: 800-466-9508 Fax: 800-435-0802 or 877-652-4734

APPLICANT'S SIGNATURE _____ DATE ____/____/____

OTHER APPLICANT'S SIGNATURE _____ DATE ____/____/____

OTHER APPLICANT'S SIGNATURE _____ DATE ____/____/____

OTHER APPLICANT'S SIGNATURE _____ DATE ____/____/____

THIS SECTION TO BE COMPLETED BY PROSPECTIVE TENANT

RENTAL

Monthly Payment _____

Lease Term _____
(Minimum of six months – Maximum of 12 months.)

Starting Date: ____/____/____

Ending Date: ____/____/____

APPLICANT'S ACKNOWLEDGEMENT

I hereby agree that the foregoing is correct and if this application is approved, I, and all adult persons occupying the unit have carefully read, understand and accept responsibility for all occupants to fully comply, with the Declaration, By Laws and Rules and Regulations of Park Place Villas Condominium Association, Inc.

Printed Name _____

Phone _____

Applicant's Signature _____

Date ____/____/____

Printed Name _____

Phone _____

Applicant's Signature _____
(Spouse)

Date ____/____/____

Email _____

(Application must be accompanied by a \$100 fee made payable to Park Place Villas Condominium Association, Inc.)

HOMEOWNER/REPRESENTATIVE (Realtor) ACCEPTANCE

I have reviewed this application and have done my due diligence. I am comfortable recommending applicant(s) for an interview and acceptance by Park Place Villas Condominium Association, Inc.

Signature _____

Phone _____

Date ____/____/____

Printed Name _____

Email _____

PARK PLACE VILLAS CONDOMINIUM ASSOCIATION, INC.

UNIT OWNER REQUEST FOR APPROVAL OF LEASE

Date: _____

I respectfully request that you approve the lease of my Unit # _____ to

I understand that subleasing of a unit is not permitted. Enclosed herewith is a copy of the lease.

I hereby certify that the tenant or lessee is financially responsible, of good moral character and will not be a detriment in any way to the building, condominium or property. If the tenant or lessee violates any of the Park Place Villas rules and regulations, I personally will be financially responsible for his/her actions.

(Witness)

(Owner)

(Witness)

(Owner)

PARK PLACE VILLAS CONDOMINIUM ASSOCIATION BOARD OF DIRECTORS' ACTION

Application: Approved _____ Rejected _____ Date ___ / ___ / ___

Interviewer: Name _____ Position _____

Signature _____

Interviewer: Name _____ Position _____

Signature _____

APPLICANT TO LEAVE THIS PAGE BLANK

CERTIFICATE OF APPROVAL TO LEASE

PARK PLACE VILLAS CONDOMINIUM ASSOCIATION, INC., a not-for-profit Florida Corporation, does hereby
Certify that it has granted approval of that certain Lease commencing on ____/____/____ and ending on
____/____/____ designating _____

as Tenant(s) for Unit #_____, _____ Lake Park Lane, Sarasota, Florida 34231.

Dated this _____ day of _____, 20_____.

PARK PLACE VILLAS CONDOMINIUM ASSOCIATION, INC.

By: _____

Title: _____

Attest: _____

Title: _____