

Longwood Villas of Sarasota Homeowners Association, Inc.
C/o Gulf Coast Community Management * 677 N Washington Blvd * Sarasota FL 34236
(941) 467-3440

Application for Approval of Lease

Note: A fee of \$200.00 payable to Longwood Villas of Sarasota Homeowners Association, Inc. must accompany this application and be forwarded to the above address in advance of lease. A copy of the lease (six-month minimum) should also be submitted. This lease must be approved by Association Board of Directors before being finalized.

Address of Unit: _____, Sarasota, FL 34235

Lease Dates: From _____ to _____

Restrictions on Use: Lessees are obligated to abide by the Association documents and the Owner/Agent has referred the Lessee to the Association's web site <http://tivolvillage.org> where the Association documents may be read or downloaded. The Owner will maintain a copy of the Association documents (i.e., the Declaration, and the Bylaws) in the unit available to the Lessee.

Lessee Information (Complete in detail):

Name: _____ DOB _____

Active Service Member: N Y Military ID # _____ (Anyone serving active duty with US Armed Forces or State active duty and all members of the Florida National Guard or US Reserve Forces.)

Address: _____ City State Zip _____

Phones: Home _____ Cell _____

Email _____

Others, if any, that will be in residence and relationship: _____

Emergency Contact: Name _____ Phone _____

I hereby state that I advised the Lessee that the Lessee is obligated to abide by the Association documents (i.e., the Declaration and the Bylaws) and has been made aware of their availability.

Upon occupancy, I will notify the Gulf Coast Community Management Property Manager of the Lessee's new contact information (phone #, etc.)

Owner / Agent's Signature: _____ Date: _____

Real Estate Agent: _____ Email: _____

Upon approval send to: _____
(Real Estate Agent for example)

THIS SECTION TO BE COMPLETED BY THE MANAGEMENT COMPANY

Application Received: _____ Check Received: _____

Background Check Requested: _____ Background Check Received: _____

Sent to BOD: _____ Sent to Realtor: _____

Board Action: Approved or Rejected

For the Association _____ Date: _____

AUTHORIZATION TO PERFORM A CRIMINAL BACKGROUND REPORT

Case File # _____ TAGS Special Service - Background Investigative Services.
Agency use only

In compliance with The Public Law 91-508 of The Fair Credit Reporting Act, as amended by Public Law 104-208 of The Consumer Credit Reporting Act, and applicable state law, this notice is to inform you that this company may obtain a consumer report or reports in connection with the above noted case and for other investigative reasons.

Consumer reports include but are not limited to credit reports, criminal background checks, department of Motor vehicle records, and investigative consumer reports. An investigative consumer report contains information of your character; general reputation, personal characteristics, or mode of living which has been obtained through personal interviews with neighbors, friends, or associates or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.

By signing below I _____ authorize this company to obtain a
Print Name of Applicant
Criminal Background Profile Investigative Report in connection with my employment, or tenancy as set forth herein.

X _____ X _____
Signature of Applicant Date

CLIENT (person or company requesting consumer credit report) X _____
Print Name of Client /Agent

X _____ X _____
Name of Company Signature of Client /Agent

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY IN ORDER TO BE SUBMITTED

PURPOSE OF REQUEST please check one - TENANCY / _____ EMPLOYMENT / _____ OTHER / _____

(If other please explain) _____

SUBJECTS NAME _____

CURRENT ADDRESS _____

CITY, STATE, ZIP _____

SOCIAL SECURITY # _____

DATE OF BIRTH /MONTH _____ / DAY _____ / YEAR _____

ADDITIONAL INFORMATION/COMMENTS _____
