

**GARDEN WALK CONDOMINIUM ASSOCIATION, INC.**

C/O SUNVAST

321 INTERSTATE BLVD.

SARASOTA, FL 34240

PHONE (941) 378-0260 FAX (941) 378-0322

**APPLICATION FOR LEASE**  
**HOMEOWNER INFORMATION**

UNIT & BUILDING: \_\_\_\_\_ OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER PHONE & EMAIL: \_\_\_\_\_

REALTOR/AGENT: \_\_\_\_\_ PHONE & EMAIL: \_\_\_\_\_

LEASE DATES: \_\_\_\_\_ TO \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PHONE \_\_\_\_\_ & EMAIL: \_\_\_\_\_

EMPLOYER/OCCUPATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ TAG # \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ TAG # \_\_\_\_\_

NAMES AND RELATIONSHIPS OF ALL UNIT OCCUPANTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I HEREBY AUTHORIZE THE BOARD OF DIRECTORS OR ITS DULY AUTHORIZED AGENTS TO INVESTIGATE MY BACKGROUND WHICH MAY INCLUDE A CREDIT/CRIMINAL HISTORY CHECK. I HAVE BEEN PROVIDED AND I HAVE READ THE RULES & REGULATIONS, ALL THE ABOVE STATEMENTS AND ALL DOCUMENTS PERTAINING THERE TO AND AGREE TO ABIDE BY THEM.**

DATE AND SIGNATURE OF APPLICANT(S)

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

**ENCLOSE A \$150.00 NON-REFUNDABLE 10 BUSINESS DAY APPLICATION PROCESSING FEE PLEASE MAKE CHECK PAYABLE TO SUNVAST PROPERTIES, INC. AND RETURN WITH COMPLETED APPLICATION TO SUNVAST AT THE ABOVE ADDRESS. ADDITIONAL ADMINISTRATIVE CHARGES MAY APPLY.**

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ASSOCIATION APPROVAL: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

# CRIMINAL / CREDIT CHECK APPLICATION

Association Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

<b>Applicant Name:</b> Last Middle First	<b>Marital Status:</b>	<b>Social Security Number:</b>	<b>Date of Birth:</b>
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.

**OWNER/AGENT WILL REQUIRE A NON-REFUNDABLE PAYMENT OF \$ 150 WHICH IS TO BE USED TO SCREEN APPLICANT WITH RESPECT TO CREDIT HISTORY AND OTHER BACKGROUND INFORMATION.**

**CHECK IS PAYABLE TO SUNVAST PROPERTIES, INC.**

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATED:** \_\_\_\_\_, 20\_\_\_\_

**Co-APPLICANT SIGNATURE** \_\_\_\_\_ **DATED:** \_\_\_\_\_, 20\_\_\_\_

## **Rental and Purchase Approval/Denial Standards**

**10.14 PROHIBITION OF PERSONS CONVICTED OF CERTAIN FELONIES.** It shall be a violation of this Declaration for a Unit to be acquired for ownership (whether in whole or in part), leased, or occupied at any time for any duration by any person convicted (either via an adjudication of guilt or a withhold of adjudication) of felony drug possession (twice within last ten (10) years), felony drug trafficking, robbery, burglary of occupied structure, murder, sexual battery, child molestation, rape or their equivalent under federal or state laws. It shall also be a violation of this Declaration for any ownership or leasehold interest in a Unit to be provided in any manner to any such person. Notwithstanding any requirement in this Declaration that the Association provide an alternative purchaser for the transfer of a Unit, the Association shall not be responsible for providing an alternative purchaser if the requested approval is denied because the person acquiring or being provided ownership of the Unit is convicted of any of the enumerated crimes listed herein. The Board of Directors may revise this Article 10.14 without the consent of the members.

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