

STRATHMORE RIVERSIDE VILLAS (SRV) –APPLICATION FOR RENTAL

2700 RIVERBLUFF PARKWAY, SARASOTA, FL 34231
Email: srv2700@comcast.net Phone: (941) 922-8188

Villa #: _____ Lease Start Date: _____ Lease End Date: _____ Monthly Rent (\$) _____ Furnished ___ Yes ___ No

The SRV Office must receive the following information no later than 21 calendar days prior to lease start date. Each Tenant must submit an Application and attend an Orientation and receive Board of Directors approval prior to occupancy of a villa.

- Application for Rental and a copy of the fully executed lease signed by the Owner and Tenant(s)
 - **“Resident”**: Any person occupying the villa more than 30+ days per calendar year. No person under 18 years of age may reside in a villa for more than 30 days within a calendar year.
 - **“Age Restriction”**: At all times one (1) resident must be at least 55 years old.
 - **“Visitors/Guests”**: May stay for 30 days in a 12-month period and only when the owner is present.
- Background Check form and a copy of an “Official Photo ID” with date of birth
- A check for \$150 payable to “Strathmore Riverside Villas”
- Any “Additional Resident” must submit and “Additional Resident” form and attend an Orientation and be approved by the Board of Directors prior to occupancy.

Owner(s) Name(s): _____ **Phone:** _____

Tenant : First Name: _____ Last Name _____

Current Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Age: _____ **Phone #:** _____ **Email Address:** _____

Reference Name: _____ **Phone:** _____

Additional Residents: ___ Yes ___ No. **If yes how many?** ____

Name(s): _____ **Age(s):** _____ **Relationship:** _____

Vehicle: Only 2 vehicles per villa. Each vehicle shall display SRV Parking Sticker in the rear window.

Not Permitted: Pickup trucks, SUVs with truck backs, trailers, campers, motor homes, RVs, personal watercraft, and boats (except those in marina slips), motorcycles, vehicles with commercial advertising, unregistered vehicles, or vehicles not in operable condition.

Make: _____ **Model:** _____ **License #:** _____

Make: _____ **Model:** _____ **License #:** _____

Pet(s): ___ Yes ___ No. **How many pets?** _____

Only 2 dogs or 2 cats, or 1 of each, are permitted in each villa. Dogs must not exceed 15” at the shoulder height when fully grown.

SRV Directory Consent: ___ Yes ___ No

I authorize Strathmore Riverside Villas Association to include the below information in the Directory published by the Association

(Check all that apply): ___ Name ___ Phone # ___ Email Address ___

Electronic Notice Consent: ___ Yes ___ No - **Email address:** _____

I authorize Strathmore Riverside Villas Association to provide notice of Association matters by e-mail instead of mail or personal delivery to the e-mail address designated above. I understand that e-mail communication will be used to replace written notices required by the Association’s governing documents and/or Florida law. **Please be aware that if you consent to receive electronic notices, your email address designated for this purpose will be an official record of the Association.**

Emergency Contact:

I hereby authorize Strathmore Riverside Villas Association to contact the below individual(s) in case of an emergency.

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

BY SIGNING THIS APPLICATION, I CONFIRM THAT I HAVE READ ALL ASSOCIATION DOCUMENTS AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS, BY-LAWS & DECLARATION OF CONDOMINIUM, INCLUDING REVISIONS AND AMENDMENTS THEREIN. I understand the above consent(s) will remain in effect until a written notice of any change or revocation of consent is received by Strathmore Riverside Villas Association.

Name (Print First & Last): _____

Signature: _____ **Date:** _____

FOR INTERNAL USE: Application Received (Date): _____ Orientation (Date): _____ Background Check (Date): _____

Applicant approved: ___ Yes ___ No **If Applicant not approved, reason for denial of Application:**

Orientation Committee

Name: _____ **Date:** _____

Name: _____ **Date:** _____

Board of Directors Approval:

Name & Position: _____ **Signature:** _____ **Date:** _____

Name & Position: _____ **Signature:** _____ **Date:** _____