

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

APPLICATION FOR APPROVAL OF PURCHASE

Villa #: _____ Closing Date: _____ Purchase Price: _____

The SRV Office must receive the following information no later than 21 days prior to closing and/or an Additional Resident occupancy of a villa.

- Application for "Approval of Purchase" for all Buyers and "Additional Resident" application(s) for all additional Residents.
 - **"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) occupant 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. Immediate Family (Mother, Father, Sister, Brother, Son, Daughter) may visit for 29 days when Owner is not present.
- Background Check form(s) for all Buyers and all Residents
- Copy of an "Official Photo ID" with date of birth for all Buyers and all Residents
- A check for \$150 payable to "Strathmore Riverside Villas" for each Applicant
 - Spouses, Domestic Partners, or a parent or parents and any dependent children are considered one "Applicant"
- Buyer(s) and Additional Resident(s) must attend an Orientation and receive Board of Directors approval prior to purchase and/or occupancy of a villa.

Buyer's Real Estate Agent: _____ Phone: _____

Closing Attorney/Title Company Contact: _____

Contact Name: _____ Phone: _____ Email: _____

Name of a Corporation/Trust/LLC (If applicable): _____

Primary Contact Name: _____ Phone: _____ Email: _____

Buyer (1): First Name: _____ Last Name _____

Current Street Address: _____

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

Age: _____ Phone #: _____ Email Address: _____

Will you be living in the unit? ___ Yes ___ No. ___ If yes, Full-Time: ___ Part-Time: ___

Reference Name: _____ Phone: _____

Buyer (2): First Name: _____ Last Name _____

Current Street Address: _____

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

Age: _____ Phone #: _____ Email Address: _____

Will you be living in the unit? ___ Yes ___ No. ___ If yes, Full-Time: ___ Part-Time: ___

Reference Name: _____ Phone: _____

Vehicle(s): 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 #: _____ State: _____

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

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

Will you be leasing the villa? ___ Yes ___ No

Lease Restrictions: minimum lease 3 months, twice annually. Prior to renting Owner must submit a "Leasing Application" and "Background Check" form for all Tenants. All Tenants must attend an "Orientation" and be approved by the Board of Directors prior to occupancy of a villa.

SRV Directory Consent: ___ Yes ___ No

I/we authorize Strathmore Riverside Villas Association to include the below information in the Directory published by the Association (Check all that apply): ___ Name(s) ___ Phone # (s) ___ Email Address(s) ___ Villa Address _____

Electronic Notice Consent: ___ Yes ___ No

I/we hereby authorize Strathmore Riverside Villas Association to provide notice of Association meetings and other Association matter by e-mail instead of mail or personal delivery to the e-mail address designated below. I/we 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.**

Please designate one email address for Electronic Notices: _____

If you do not agree to "Electronic Notice Consent", provide a Mailing Address for Official Notices (print):

Address: _____
City: _____ State: ___ Zip Code: _____ Country: _____

Designation of Owner to Vote on behalf of Villa (Only one owner per villa):

Owner Name (print): _____

Do you want to vote electronically? ___ Yes ___ No - If "Yes", please submit the attached "Consent for Electronic Voting" form to the SRV Office.

MONTHLY MAINTENANCE FEES: Owner(s) agree to pay the monthly maintenance fees and any other fees or special assessments that may be approve by the Association beginning on (Date): _____.

Emergency Contact(s):

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

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

BY SIGNING THIS APPLICATION, I CONFIRM THAT I AND ALL ADDITIONAL RESIDENTS AND/OR TENANTS (CURRENT AND FUTURE) 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/we 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. Any updates of information are the sole responsibility of the Owner(s) to communicate to SRV and the Community Association Management Company.

Name (Print First & Last): _____
Signature: _____ Date: _____

Name (Print First & Last): _____
Signature: _____ Date: _____

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

Background Check Received (Date): _____ All "Applicants" approved: ___ Yes ___ No

If Applicant(s) not approved, (Name) and reason for denial of Application:

Orientation Committee:

Print Name: _____ Date: _____
Print Name: _____ Date: _____

Board of Directors Approval:

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