

STRATHMORE RIVERSIDE VILLAS (SRV) - APPLICATION FOR ADDITIONAL RESIDENT

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

Villa #: _____ Occupancy Start Date: _____ Relationship to Owner/Tenant: _____

The SRV Office must receive the following no later than 21 calendar days prior to occupancy of a villa. Additional Resident must attend an Orientation and receive Board of Directors approval prior to occupancy.

- Application for "Additional Resident".
 - **"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
- Copy of an "Official Photo ID" with date of birth
- A check for \$150 payable to "Strathmore Riverside Villas"

Owner(s) Name(s): _____ **Phone:** _____
If applicable, Tenant(s) Name (s): _____ **Phone:** _____

Additional Resident: First Name: _____ Last Name _____
Current Street Address: _____
City: _____ State: _____ Zip Code: _____ Country: _____
Age: _____ Phone #: _____ Email Address: _____
Reference Name: _____ Phone: _____

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 #:** _____

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(s):
I hereby authorize Strathmore Riverside Villas Association to contact the below individual 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): _____ **Date:** _____
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 Director Approval:
Name & Position: _____ **Signature:** _____ **Date:** _____
Name & Position: _____ **Signature:** _____ **Date:** _____