

# JACARANDA COUNTRY CLUB VILLAS ASSOCIATION, INC.

Age Restricted 55+

AN ADULT CONDOMINIUM ASSOCIATION - PROOF OF AGE REQUIRED

c/o Sunstate Association Management Group

P.O Box 18809

Sarasota, FL 34276

P: 941-870-4920 | F: 941-870-9652

Email: [allapplications@sunstatemanagement.com](mailto:allapplications@sunstatemanagement.com)

## APPLICATION FOR RENTAL OF UNIT

**Process fee \$150.00. Please make checks payable to Sunstate Management Group, Inc.**  
**Please include copy of drivers license with application.**

Property Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Name of Lessee (Renter): \_\_\_\_\_

Telephone number for possible interview: \_\_\_\_\_

Address of Renter: \_\_\_\_\_

Own or Rent: \_\_\_\_\_ If rent, Name and Address of current Landlord: \_\_\_\_\_

How long at present address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How long at previous address: \_\_\_\_\_

Occupation or Title: \_\_\_\_\_

Business Address & Company: \_\_\_\_\_

Number of Vehicles: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Boat: \_\_\_\_\_ Make/Model: \_\_\_\_\_ \*Must be kept in garage \*

Number of Pets: \_\_\_\_\_ Type of Pet: \_\_\_\_\_ \*no more than 2 dogs or 3 cats\*

Personal References: (Give two addresses and telephone numbers)

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**\*\*NO SUBLETTING. MAXIMUM OCCUPANY: 2 Bedroom- 4 people; 3 Bedroom- 6 people\*\***

Term of Lease: \_\_\_\_\_

Commencing: \_\_\_\_\_ Ending: \_\_\_\_\_

Renter understands and agrees to observe all rules, regulations and restrictions contained in the Association "Rules and Regulations", as well as any other condominium rules and regulations established by the Board of Directors. The renter(s) acknowledge having read the above-mentioned rules, regulations and restrictions by signing in the space provided below:

Signed: Renter: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: Renter: \_\_\_\_\_ Date: \_\_\_\_\_

Agent (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZATION TO RELEASE EMPLOYMENT, BANKING, CREDIT, RESIDENCE AND POLICE RECORD INFORMATION**

I/We understand that Jacaranda Country Club Villas Association, Inc. may cause to institute an investigation of my/our background as the Board of Directors may deem necessary. Accordingly, I/We specifically authorize the Jacaranda Country Club Villas Association, Inc., Board of Directors and its agents Sunstate Management Group to make such investigation and agree that the information contained in this and the attached Application for Occupancy Approval may be used in such investigation, and that the Board of Directors, Officers and Management of Jacaranda Country Club Villas Association, Inc., itself and its agents shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

I/We hereby authorize Jacaranda Country Club Villas Association, Inc., agent to request a consumer report from one of the consumer reporting agencies in considering this application. I/We also understand that any information will be held in strict confidence. Upon applicant(s) request we will inform applicant(s) of the name and address of each consumer reporting agency from which we obtained a consumer report, if any, relating to applicant(s).

Under penalty of perjury, the undersigned certifies that the foregoing information is true and correct.

Signature of Applicant for Rental: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature of Applicant for Rental: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**ADDITIONAL OCCUPANTS**

**AUTHORIZATION:** I, OR WE, DECLARE THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND ALSO AUTHORIZE JACARANDA COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION, INC. TO PERFORM BACKGROUND CHECKS. Please sign next to your printed name in the block below.

Name and Ages of All Occupants Birth	Date of	And Signature if over 18 years of age.
#1	Age: Birth Date	
#2	Age: Birth Date	
#3	Age Birth Date	
#4	Age Birth Date	

**JACARANDA COUNTRY CLUB VILLAS CONDOMINIUM  
ASSOCIATION, INC.**

Sunstate Management Group  
PO BOX 18809  
Sarasota FL 34276

**NOTICE OF OWNER CONSENT TO WAIVE  
FIRE SPRINKLER RETROFIT REQUIREMENTS**

THIS IS TO PROVIDE FORMAL NOTICE that pursuant to the authority of Section 718.112(2)(I), Florida Statutes, as amended by Chapter 2010-174, Laws of Florida, the owners of not less than a majority of the Association's voting interests of Jacaranda Country Club Villas, a Condominium, which Declaration was originally recorded at Official Records Book 1413, Page 1693, et seq. of the public Records of Sarasota County, Florida, have consented to waive the requirement that the condominium property be retrofitted with a fire sprinkler system via written consent.

All unit owners are required by Section 718.112(2)(I), Florida Statutes, to provide a copy of this formal notice to a new owner prior to closing. This notice shall also be provided by the unit owner to a renter prior to signing a lease. Please maintain this notice with your other important condominium documents.

DATED this 21<sup>st</sup> day of November, 2016.

**JACARANDA COUNTRY CLUB VILLAS  
CONDOMINIUM ASSOCIATION, INC.**

By:   
Clayton Harrington