

**APARTMENT OWNERS OF CARRIAGE HOUSE, 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: \_\_\_\_\_

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

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

No Commercial Vehicles are allowed

EMERGENCY CONTACT \_\_\_\_\_

**NO PETS ARE ALLOWED FOR RENTERS**

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, CONDO DECLARATION 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 NON-REFUNDABLE \$50.00/PERSON TO SUNVAST AND \$100 NON-REFUNDABLE TO CARRIAGE HOUSE 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: \_\_\_\_\_

**1. Approval/Denial Standards.** Tenancies/occupancies may be denied by the Board, in the Board's discretion and in accordance with any policies adopted by the Board, for the following or any lawful reasons, including but not limited to:

- a. based on the totality of the results of criminal background checks or other information provided or obtained in connection with the tenancy
- b. if the proposed occupant has been designated or required to register as a sex offender or sexual predator
- c. if the proposed occupant has been convicted of any felony in this state, or who has been convicted of any offense in another jurisdiction which would be considered a felony if committed in this state
- d. if the proposed occupant has a history of arrests and/or convictions for other crimes/misdemeanors, indicating a history of violence, or illegal drug possession or sales, or fraud or dishonesty, or having been a nuisance, or having a history of eviction proceedings in prior tenancies
- e. if the proposed occupant has a history of disruptive behavior indicating a reasonable likelihood that the occupant would not likely comply with the association's restrictions, rules, and regulations or otherwise be disruptive in the community.
- f. if the owner is delinquent in payment of any assessment, fine, or other monetary obligation owed to the Association;
- g. if the owner is currently in violation of the Association's restrictions;
- h. for any lawful, non-discriminatory reason;

**i. OWNER/AGENT WILL REQUIRE A NON-REFUNDABLE PAYMENT OF \$ 50/PERSON WHICH IS TO BE USED TO SCREEN APPLICANT WITH RESPECT TO BACKGROUND INFORMATION. THIS APPLIES TO 18YEARS OF OLDER WHO WILL STAY MORE THAN 30 DAYS.**

# CRIMINAL 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 \$ 50/PERSON 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\_\_\_\_