

BAY OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.
A CORPORATION NOT FOR PROFIT

APPLICATION FOR RENT OR LEASE OF LOT/HOME

TO: Board of Directors – Bay Oaks Estates Homeowners Association, Inc.

RENTALS OR LEASING IS RESTRICTED TO A MINIMUM TERM OF NINETY (90) DAYS AND ONLY ONE TENANT/CONTRACT (RENTAL LEASE) PER 12 MONTH PERIOD IS ALLOWED.

The completed application must be submitted to the Association office at least 20 business days prior to the desired date of occupancy.

Return this application to Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276; allapplications@sunstatemanagment.com. **Must include a copy of Driver's License for all residents over 18 years of age and a Non- Refundable Application fee of \$150.00 made payable to Sunstate Association Management Group, Inc. & a processing fee of \$25.00 made payable to Bay Oaks Estates, HOA.**

The undersigned submits this application for approval of the Board to lease Lot Number _____, _____(address) located at Bay Oaks Estates Homeowners Association, Inc., and state that the following information is true and correct (any intentional misrepresentations shall be a basis for an automatic disapproval):

1. Name of Proposed Renter (s) : _____
Second _____
2. Current Address: _____
3. Telephone #: (_____) _____ Second #: (_____) _____
4. Email Address: _____
5. Names and Ages of Proposed Unit Occupants: _____
6. Type and Number of Pets to be in Unit: _____
7. Type and Number of Motor Vehicles: _____
8. Current Owners: _____
9. Scheduled Move-in Date: _____ - _____ - _____ to ----- _____
10. Realtor name, ph. Number & email _____
11. A processing fee in the amount of \$25.00 will be required. This must be made payable to Bay Oaks Estates HOA.

Processing Fee – Date Received _____ Check # _____
12. Please include a copy of the lease with this application.

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AUTHORIZATION OF RELEASE OF INFORMATION

Applicant(s) represent that all of the information and statements for purchase or lease are true and complete, and hereby authorize an investigative consumer report including, but not limited to, residential history, employment history, criminal records and credit reports. I am aware that any falsification or misrepresentation of the facts in this application will result in immediate rejection of this application.

Applicant

Social Security #: _____ **Date of Birth:** _____
(Personal information will be redacted prior to submitting for approval to the Board).

Co-Applicant

Social Security #: _____ **Date of Birth:** _____
(Personal information will be redacted prior to submitting for approval to the Board).

The undersigned agrees to provide any further information that may be reasonably requested by the Board. The undersigned has received a **complete copy** of the Declaration of Condominium, Articles of Incorporation, Bylaws, Rules and Restrictions and all documents and understands and agrees to abide with its covenants, responsibilities and restrictions that are placed on each lot owner and resident at Bay Oaks Estates Homeowners Association, Inc.

Printed Name

Signature of Applicant

Printed Name

Signature of Co-Applicant

Action of Board of Directors:

Date: _____

Approved: ☐

Disapproved: ☐

Board of Director's Signature

Title

We have employed the services of a professional association management firm:

Sunstate Association Management Group

PO Box 18809, Sarasota, FL 34276

Telephone: 941-870-4920 / Facsimile: 941-870-9652

www.sunstatemanagement.com / allapplications@sunstatemanagement.com

Be it understood and agreed that the rules and regulations of Bay Oaks Estates Homeowner Association may be amended by the approval of your Board of Directors.