

**GARDENS I AT WATERSIDE VILLAGE
RENTAL APPLICATION (3 MONTH MINIMUM)**

**C/O Sunstate Management
PO BOX 18809 Sarasota FL 34276
941-870-4920**

nicole@sunstatemanagement.com

Application for Rental of (Property Address): _____ Unit # _____

Rental Period FROM: _____ TO: _____

Owner's Name: _____ Phone # _____ Email: _____

Renter (1) Name: _____ Phone # _____ Email: _____

Age _____ Occupation: _____

Employed by: _____ How long? _____

Renter (2) Name: _____ Phone # _____ Email: _____

Age _____ Occupation: _____

Employed by: _____ How long? _____

Renter's Present Address: _____

Person(s) who will reside in Unit: _____

of Children: _____ Age(s): _____

Pet Description: _____

Vehicle Make: _____ Model: _____ Year: _____ Tag: _____ State: _____

Contact In Case of Emergency: _____

Phone: _____ Address: _____ Email: _____

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 that may be established by the Board of Directors. The renter(s) acknowledge having read the aforementioned Rules, Regulations and Restrictions by signing in the space provided below. Please return this application with a check for \$25 processing fee made payable to Sunstate Management Group.

Signed: Renter: _____ Date: _____

Agent (if any): _____ Phone # _____ Email: _____

BOARD ACTION: APPROVED: _____ REJECTED: _____ DATE: _____

SIGNATURE: _____ TITLE: _____