

PLAZA VILLAS I CONDOMINIUM ASSOCIATION

PLACIDO BAYOU

LEASE / SALE APPROVAL FORM

Application Date: _____ (Check appropriate box) ☐ Sale ☐ Lease

If a lease, please complete the following: LEASE DATES: FROM _____ TO _____
☐ new ☐ renewal ☐ extension

Address of Unit for Sale of Lease: _____

Please complete the following to register your tenant or prospective purchaser:

NAME OF APPLICANT(s): _____

CURRENT ADDRESS

OF APPLICANT: _____
Street City/State/Zip

PHONE #(s) : _____

CURRENT or PROPOSED MAILING ADDRESS FOR UNIT OWNER:

_____ Street City/State/Zip
PHONE #(s): _____

LIST NAMES & AGES OF PERSONS WHO WILL BE OCCUPYING UNIT:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

REALTOR, if applicable - Name: _____ Company: _____

Address: _____ Phone No.: _____

Do you have a pet? Yes No. If yes, type (dog or cat) _____ Size (lbs) _____

CURRENT EMPLOYER OF APPLICANT: Name of Company: _____

Phone Number: _____

Address: _____

PERSONS TO CONTACT IN CASE OF EMERGENCY:

Name _____ Phone Number _____

Name _____ Phone Number _____

FOR THE APPLICANT

By my (our) signature below, I (we) hereby acknowledge that I (we) have read the Deed Restrictions and any rules and regulations of Plaza Villas I Condominium Association.

SIGNATURE OF APPLICANT _____

DATE: _____ SIGNATURE OF APPLICANT _____

THIS FORM SHOULD BE SUBMITTED 15 DAYS PRIOR TO DATE OF CLOSING, if sale, OR DATE OF OCCUPANCY, if rental.

Resource Property Management
5901 Sun Boulevard, Suite 103
Saint Petersburg, FL, 33715
Phone (727) 864-0004, fax (727) 866-7002

THIS FORM MUST BE ACCOMPANIED BY A NON-REFUNDABLE FEE OF \$50 made payable to Plaza Villas I Condominium Association and be accompanied by a copy of the executed lease, if a rental.

date received by management: _____ ☐ APPLICATION APPROVED ☐ APPLICATION DISAPPROVED

SIGNATURE FOR THE ASSOCIATION _____ DATE: _____

PLAZA VILLAS I CONDOMINIUM ASSOCIATION PARKING DECAL INFORMATION SHEET

This form must be filled out completely to obtain a parking decal.

Unit Address (Bldg. Number and Unit)		Circle one OWNER TENANT		
Unit Owner's Name			Home Phone Number	
Unit Owner's Mailing Address			Cell Number	
City, State, Zip Code			E-Mail Address	
Primary Tenant's Name (If Applicable)			Home Phone Number	
Additional Tenant/Age	Additional Tenant/Age	Additional Tenant/Age	Cell Number	Email Address

VEHICLE INFORMATION (INFORMATION MUST BE COMPLETE TO RECEIVE DECAL)

MAKE	MODEL	COLOR	PLATE #/ STATE	NEW DECAL #

Pet Information

Type – dog/cat	Breed/Color	Weight	License #

I hereby certify that the above information is true and correct. I have received my parking sticker(s) and have been advised that the stickers must be displayed in my vehicle(s) or I will be subject to being towed, at my expense.

Your signature confirms your agreement to abide by the Rules and Regulations of Plaza Villas I Condominium Association

Signature of Resident _____

Payment Received _____

Signature of Board Member _____

ID PROVIDED

Driver's License # _____ State _____

Other ID _____

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Acknowledgement & Authorization

By signing below, applicants agree that the Board of Directors and/or its agent may institute investigation of criminal background history for each applicant over the age of 18. Accordingly, applicants specifically authorize the Board and/or its agent to make such an investigation and agree that the information contained in this and the attached application may be used for that purpose only. The Board of Directors and their agent will be held harmless from any action or claim by applicants in connection with the use of the information contained herein.

_____	_____	_____
FIRST NAME	MI	LAST NAME
SS# _____	DATE OF BIRTH _____	

_____	_____	_____
FIRST NAME	MI	LAST NAME
SS# _____	DATE OF BIRTH _____	

_____	_____	_____	_____
CURRENT ADDRESS	CITY	STATE	ZIP CODE

SIGNATURE

SIGNATURE