



**STONEYBROOK AT VENICE
COMMUNITY ASSOCIATION, INC.**

2365 Estuary Drive
Venice, Florida 34292
Phone 941-408-1276 | Fax 941-408-8963

APPLICATION FOR SALE OF UNIT AND APPROVAL OF LOT TRANSFER

There is a non-refundable processing fee of \$100.00 for this application. There is an additional fee of \$100.00 per person (Domestic) aged 18 and over for a background check; \$150.00 per person for non USA resident. Proof of residency is required with application.

Proof of Residency must be consistent with USA I-9 form for Identification:

(A) Passport or (B) USA Driver's License & SS Card (Unrestricted).

**** The price difference is due to the additional charge to Stoneybrook Venice HOA.**

LOT NUMBER _____

ADDRESS _____

BUYER'S NAME _____

SPOUSE/SECOND BUYER _____

BUYER'S SS# _____ SPOUSE/2nd Buyer SS# _____

BUYER'S DOB _____ SPOUSE/2nd Buyer DOB _____

**** FOR ADDITIONAL BUYERS USE A SEPARATE SHEET****

PRESENT ADDRESS _____

PHONE _____ EMAIL _____

NAME OF REAL ESTATE CO/AGENT: _____

EMAIL ADDRESS OF AGENT: _____

Other persons who will occupy the unit full time with you:

NAME: AGE: RELATIONSHIP: _____

NAME: AGE: RELATIONSHIP: _____

NAME: AGE: RELATIONSHIP: _____

_____(Initial) I have read Section 6.25 in The Master Documents including the Certificate of Amendment. I understand I cannot lease/rent the unit for the first 12 month waiting period after purchase. After the waiting period, I understand I cannot rent or lease the unit for less than 30 days and no more than 4 times per year.



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Vehicle Information: How Many: _____

_____(Initial) I have reviewed Section 6.14 in The Declaration of Covenants, Conditions and Restrictions.

Make: _____	Model: _____	Color: _____
Year: _____	State: _____	Tag#: _____
Make: _____	Model: _____	Color: _____
Year: _____	State: _____	Tag#: _____
Make: _____	Model: _____	Color: _____
Year: _____	State: _____	Tag#: _____

Pets: Yes _____ No _____ Type/Breed. _____ Weight _____ How Many _____

_____(Initial) I have reviewed The Declaration of Restrictions, section 6.18, regarding pets.

_____(Initial) I have received a copy of the Declaration of Covenants, the Articles of Incorporation, the Bylaws, Amendments, and Rules and Regulations of Stoneybrook at Venice Community Association, Inc. and understand my responsibilities as an owner. I agree to abide by the provisions of said documents.

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION

****MUST BE COMPLETED FOR EACH PERSON AGE 18 & OVER**

"I hereby authorize 'Leland Property Management to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluation of my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. It is understood that every effort shall be made to maintain the confidentiality of these reports, however, by signing the application, the applicant(s) hereby waive and hold harmless the Association and Leland Property Management of any claim, action or suit regarding the consumer credit report or the criminal history information."

Signature of Applicant _____ Date _____ DOB _____ Last 4 SS# _____

Signature of Applicant _____ Date _____ DOB _____ Last 4 SS# _____

**** SUBMIT ADDITIONAL OWNERS/OCCUPANTS AGE 18 & OVER ON SEPARATE PAGE**



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Buyer Telephone Call Box

Please fill out the info below and bring this form to the community Center or email it to assistant@stoneybrookvenice.com so your name can be added to the database. Only one telephone number is required for this system but a total of two numbers are allowed to be added. The telephone numbers can be either a landline or a cell phone. Please include the area code. Thank you!

**** FOR EACH OCCUPANT AGE 18 & OVER**

Buyer Address: _____

1. **Last Name, First Initial:** _____ **Telephone Number:** _____

2. **Last Name, First Initial:** _____ **Telephone Number:** _____

Gate Card Information for Buyers: (Number under punched hole on access card or the white sticker on back of your transponder)

Access Card Transponder Number: _____

Access Card Transponder Number: _____

**** For additional owners/occupants age 18 & over please provide information for call box & or card/transponder on additional separate paper.**



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Buyer Entry Control Form

For questions on filling out this form please call the office, **941- 408-1276**

Today's Date _____ Telephone _____
 Last Name _____ First Name _____
 Last Name _____ First Name _____
 Stoneybrook Address _____

Telephone Numbers & Email for Stoneybrook records:

Telephone 1	
Telephone 2	
Email 1	
Email 2	

Other Permanent Household Members:

First Name	Last Name	Relationship	Year Of Birth (children)

Routine service companies you want to be admitted without calling you:

Service Company Name	Service Type



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Guests that should be admitted without calling you:

Last Name	First Name

Special instructions to guards regarding your designated guests and vendors:

To make any changes to this form, you will need to provide photo identification and a password:

Password: _____

Signature of Resident _____ *Date* _____

Data Entry Log- For Official Use Only

<i>DATE ENTERED</i>	<i>NAME OF OFFICIAL</i>	<i>NOTES</i>

Office Use: This form must be taken to the Stoneybrook Guard House.



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BUYERS LAST NAME (S): _____

PROPERTY ADDRESS: _____



Action of Board of Directors:

Date: _____

Approved: _____ Disapproved: _____

Notes: _____

Signature

Title

RETURN THIS APPLICATION AND FEE PAYMENT TO:

Stoneybrook at Venice
2365 Estuary Drive
Venice, FL 34292

[Email: assistant@stoneybrookvenice.com](mailto:assistant@stoneybrookvenice.com)