



Stoneybrook at Venice Community Association, Inc.

2365 Estuary Drive

Venice FL 34292

Phone: 941- 408-1276 | Fax: 941-408-8963

LEASE APPLICATION

NOTICE OF INTENT TO LEASE OR RENEW A LEASE

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.**

Address of property to be leased: _____

OWNER INFORMATION: (Please Print)

Owner’s Current Address: _____

Owner’s Name(s): _____

Phone: _____

Email: _____

Phone: _____

Email: _____



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RESIDENT INFORMATION: (Please Print)

Lease Term: Start Date: _____ End Date: _____

****All Proposed Tenants and Residents aged 18 and over must have background checks.**

Proposed Tenant #1

Name: _____

Current Address: _____

DOB: _____ (M/D/Y) Social Security Number: _____

Phone Number: _____

Email Address: _____

Employer: _____

Employer Phone Number: _____

Proposed Tenant #2

Name: _____

Current Address: _____

DOB: _____ (M/D/Y) Social Security Number: _____

Phone Number: _____

Email Address: _____

Employer: _____

Employer Phone Number: _____

**** Any Additional Tenants use Separate Sheet of Paper.**

Children under 18 residing in home:

Name	DOB (M/D/Y)



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Additional Adult (18 yrs. & older residing in household) #1:

Name: _____

Current Address: _____

DOB: _____ (M/D/Y) Social Security Number: _____

Additional Adult (over 18 yrs. old) #2:

Name: _____

Current Address: _____

DOB: _____ (M/D/Y) Social Security Number: _____

****Any Other Additional Adults 18 and over, use separate sheet of paper.**

Vehicle Information: (No on street parking allowed. No commercial vehicles allowed unless they are kept in the garage.)

Make	Model		State	Plate Number

Gate Card Information for current renters: (Number under punched hole on access card or the white sticker on back of your transponder) Obtained from Owner

Access Card Transponder Number: _____

Access Card Transponder Number: _____



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Visitor Telephone Call Box

****For Long-Term (3month +) & Annual Rental Use Only****

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!

Lease Address: _____

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

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



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Tenant 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	

If renting, Owner's Name: _____

Lease Date: Begin _____ End _____

Other Permanent Household Members:

First Name	Last Name	Relationship	Year Of Birth (children)



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To Be Signed by the Property Owner (for new leases and renewals)

I warrant and agree to the following:

- 1. No other persons will occupy the living unit other than those listed on this form. (Excluding occasional short-term visitors less than one week) **Initial X**_____

Note: Any new additions to the family can be added upon arrival

- 2. I have provided to the Tenant(s) and reviewed with the Tenant(s) use restrictions and community Rules and Regulations. **Initial X**_____
- 3. If the Tenant(s) fails to comply with the provisions of the Governing Document or Rules and Regulations, I am responsible for the conduct of the tenant and shall take whatever action is necessary, including without limitation, the institution of eviction proceedings, to ensure compliance. **Initial X**_____
- 4. I understand that if the Tenant(s) do not comply with the Governing Documents or Rules and Regulations, fines may be levied for their conduct. I am ultimately responsible for all fines. **Initial X**_____
- 5. I have not leased my home **4 times** in the past 12 months. **Initial X**_____
- 6. I am responsible to provide the gate access card to the tenant(s). **Initial X**_____
- 7. I am delegating my Use-Rights to the Common Area to the Tenant(s) for the term of the lease. As per the Documents, I am not entitled to use the facilities except as a guest of another owner at Stoneybrook at Venice. **Initial X**_____

(Owner's Signature)

(Date)

(Owner's Signature)

(Date)



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TO BE SIGNED BY ADULT TENANT(S) 18 YRS OF AGE AND OVER (For new leases and renewals)

I warrant and agree to the following:

1. I have never been convicted of a felony involving violence to persons or property, or a felony demonstrating dishonesty or moral turpitude and I will not house short term visitors.
Initial X_____
2. No other persons will occupy the living unit other than those listed on this form.
Initial X_____
3. I have read, understand and will comply with the Association’s use restrictions and Rules and Regulations.
Initial X_____
4. If I fail to comply with the Association’s use restrictions and rules and regulations, I may be fined, have my use-rights suspended, or be evicted. **Initial X**_____
5. I am responsible to report to the Resident Liaison at the Community Center, upon arrival, to provide necessary information and sign waivers for use of the recreational facilities, if the owner has delegated those rights to me.
Initial X_____

(Tenant’s Signature)

(Date)

(Tenant’s Signature)

(Date)

(Adult #1 Signature)

(Date)

(Adult #2 Signature)

(Date)



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Background Check Authorization:

TO BE SIGNED BY ADULT TENANT(S) 18 YRS OF AGE AND OVER (For new leases and renewal leases)

(If background verification is necessary, the owner will be notified, and the Owner will be responsible to pay all associated costs.)

I authorize Stoneybrook at Venice Community Association, Inc. to conduct a background check that may include verification of employment, credit and criminal history. I authorize my employer and others to share information about me. I hold Stoneybrook at Venice Community Association, Inc. harmless in conducting the background check as well as all parties providing information.

(Tenant's Signature) (Date) (DOB) (Last 4 SS)

(Adult #1 Signature) (Date) (DOB) (Last 4 SS)

**For Additional Adults 18 and over, use Separate Sheet.

*FOR PROPERTY MANGEMENT USE:

- The lease is Approved The lease is Denied

Approved: _____

Denied: _____

Property Manager's Signature

Date