

ALAMEDA ISLES

HOMEOWNERS ASSOCIATION
A Not-For-Profit Corporation
1 Alameda Grande
Englewood, FL 34223
Phone: 941-474-5079 Fax 941-474-9631

Dear Alameda Isles Rental Applicant(s),

If approved, you will receive an email confirmation of your approval. Along with the approval you will receive a additional information including waivers, etc.

We would like to get your permission now to share your contact details with our Welcome and Social Committees.

Please provide your permission by signing below and contact information (please write neatly 😊)

Address Renting: _____

Expected Dates of Occupancy: _____

Applicant 1)

Name: _____

Email: _____

Phone #: _____

Signature: _____ Date: _____

Applicant 2)

Name: _____

Email: _____

Phone #: _____

Signature: _____ Date: _____

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RENTAL OCCUPANCY CHECKLIST

Minimum rental occupancy period is 1 month. This application must be completed and submitted to the Alameda Isles office at least **30** days prior to rental occupancy. To learn more about our community, please visit our website at www.alamedaisles.com.

Please Note

Alameda Isles Homeowners Association, Inc. may obtain a consumer report and other information it deemed necessary, for the purpose of evaluating any occupant in the park. It is understood 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.

Please return the following items to the office to begin the processing of the renter's application:
All Application fees are non-refundable

- _____ Completed Background Verification Authorization Form; including check for \$20.00 per applicant, made out to Alameda Isles Homeowners Association.
- _____ Copy of a legible, valid Photo Identification Card issued by a federal or state agency (I.e. Driver's License, State Issued ID, for all applicants)
- _____ Completed and signed Affidavit/Certification of Age Compliance form for all applicants.
- _____ Completed Rental Occupancy Application Signed by the Property Owners.
- _____ A check for \$100.00 for the processing of this application, made out to Alameda Isles Homeowners Association.

Included in this packet is a review of some of the Rules and Regulations for Alameda Isles. The entire documented Rules and Regulations that must be followed can be found at www.alamedaisles.com.

After reviewing the Rental Occupancy Application, the owner will be contacted by the Alameda Isles office with the Board of Director's decision on the requested rental of the home.

THESE DOCUMENTS MUST BE PRINTED, SIGNED AND MAILED TO ALAMEDA ISLES HOMEOWNER ASSOCIATION. THEY MAY NOT BE SENT VIA EMAIL AS A SIGNATURE AND PAYMENT MUST BE INCLUDED.

This page is for informational purposes only and does not need to be returned to the office.

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RENTAL OCCUPANCY APPLICATION

I / We, hereby make application to the Board of Directors to rent in Alameda Isles. A check for \$100 for the application fee is attached to this application. **Note:** occupancy will not be approved without completed application and \$100 check.

Alameda Address: _____
Rental Property Lot# Owner

Renter: _____ Co-renter: _____

Previous Rental Dates: _____ Email: _____

Home Address: _____
Street City, State, Zip

Telephone: _____ / _____

Emergency Contact Person Name: _____ Telephone: _____

Occupancy Period: _____ to _____
Month/Day/Year (Minimum 60 Days) Month/Day/Year

Type of Vehicle: _____ License Plate# _____
NO motorcycles or R.V.'s of any kind permitted

ACKNOWLEDGEMENTS

I / We, Certify Acknowledgement of the Rules and Regulations. I / We, the undersigned desire to occupy said premises for the period stated, for residential purposes only, and will abide by the Rules and Regulations of Alameda Isles.

I/We understand that: this is a single-family residence and may not be rented to more than two people, and that Alameda Isles is an association providing "Housing for Older Persons" in compliance with the Fair Housing Act as amended in 1988.

X _____
Renter Signature Date

X _____
Co-Renter Signature Date

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OWNER ACKNOWLEDGEMENT

Owner Name: _____ Lot # _____

Alameda Isles Address _____

Renter _____ Co-Renter _____

Occupancy Period: _____ to _____
Month/Day/Year (Minimum 60 Days) Month/Day/Year

I, the undersigned owner of the above stated home to be occupied by the above renter(s), hereby accept all responsibility for this/these person(s) during their stay in Alameda Isles.

X _____
Owner Signature Date

How do you want to be contacted with the Alameda Isles Board's decision regarding your renter's application?

_____ Regular Mail _____ E-mail @ this address: _____

Regular Mail Address: _____ City _____ State _____ ZIP _____

Phone number(s) where you can be reached: _____ / _____ / _____

Office Use Only

Date Rental Application Received: _____ Date Decision Sent to Owner(s): _____

How Decision Sent: _____

Action of Board of Directors

Date: _____ Designee Signature: _____ Approved Unapproved

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BACKGROUND VERIFICATION AUTHORIZATION

APPLICANT IDENTIFYING INFORMATION (PLEASE PRINT OR TYPE), Please note: Applicants must attach a copy of a legible, valid Driver's license or state issued Identification. Applicants must meet the following age restrictions. One occupant in the home must be at least 55 years of age, the other at least 48 years of age.
A non-refundable check for \$20 per applicant must be included with this application.

Lot # _____

Applicant Name: _____ Birthdate: _____

Address: _____

Applicant Name: _____ Birthdate: _____

Address: _____

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CONSUMER REPORTS OR OTHER INFORMATION

I agree to hold harmless, Alameda Isles Homeowners Association, Inc. and all providers of information on the applicant(s) stated above. In the event that the information provided by me (us) is found to be misleading or false, my acceptance for this application may be affected. I/We hereby authorize the Association's Agent to request a consumer report or other information from one of the consumer reporting agencies in considering this application. I/We also understand that any information will be held in strict confidence.

Applicant Signature _____ Social Security Number* _____ Date _____

Applicant Signature _____ Social Security Number* _____ Date _____

Office Use Only

Date Rental Application Received: _____ Date Decision Sent to Owner(s): _____

How Decision Sent: _____

Action of Board of Directors

Date: _____ Designee Signature: _____ Approved Unapproved

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AFFIDAVIT \ CERTIFICATION OF AGE COMPLIANCE

For Prospective Renters – all prospective *renters* must complete and sign (must meet age restriction)

I/We do swear and affirm the following:

1. I/We are *prospective renters* of a unit in the Alameda Isles Homeowners Cooperative, located in Englewood, Sarasota County, Florida 34223.
2. I/We are over eighteen (18) years of age.
3. For prospective *renters*, as of the date provided below, at least one person in the above-referenced cooperative is fifty-five (55) years of age or older and the other person is at least forty-eight (48) years of age or older.
4. The contents of this instrument are true and correct and based on my personal knowledge.

Dated This _____ Day Of _____, 20_____.

Under penalties of perjury, I/We declare that I/We have read this document and that the facts stated herein are true and correct.

Name (Printed)	Signature	Status (Renter)	Date of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____