

Swifton Villas Condominium Association, Inc
c/o Argus Property Management
2477 Stickney Point Rd #118A
Sarasota, FL 34231 phone 941-927-6464

APPLICATION FOR RENTAL/LEASE SALE /PURCHASE Date: _____

Please return the following to Argus Property Management 2477 Stickney Point Rd #118A

_____ Proof of Age is Required for Swifton Villas Condominium, a 55 + Community;
Birth Certificate, Government Issued ID, Drivers License or Passport are acceptable
_____ \$50 Non- Refundable Application Fee , payable to Swifton Villas must Accompany this application
_____ A copy of the Lease / Sales Contract

Purchase/Lease/ Rent Condominium Unit # _____ at _____ Swifton Drive

for a period of _____ months from _____ to _____ 201__

Closing Date: _____

One (1) Full time Occupant must be 55 or Over

Name of Applicant: _____

Name of Appplicant: _____

Current Address: _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____

Note: If Applicant has resided at the above address for less than Five (5) years, please list on the back of this form other places of Residences

Personal References (3)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Applicant hereby grants permission to Swifton Villas Association Inc to contact any or all of the above references

Initial: _____

Did you Receive and Read the SwiftonVillas Condominium Documents:

Initial _____ Initial _____

Swifton Villas Condominium Association, Inc

c/o Argus Property Management
2477 Stickney Point Rd #118A
Sarasota, FL 34231 phone 941-927-6464

Maximum of Two (2) Vehicles:

MAKE & MODEL _____ YEAR _____ COLOR _____

LICENSE # _____ STATE _____

MAKE & MODEL _____ YEAR _____ COLOR _____

LICENSE # _____ STATE _____

Pets: _____ Maximum two (2). Please list type of each pet:

Type: _____ Type: _____

During your absence, the name of the person with a key to your unit for emergency purposes

Name _____ Phone # _____

Address _____

If we, the undersigned are approved as renters of unit # _____ at _____ Swifton Drive, we agree to abide by all the provisions of the condominium documents of the Swifton Villas

Condominium Association, Inc. Initial: _____ Initial: _____

.....
THIS PORTION TO BE FILLED OUT BY SWIFTON VILLAS CONDOMINIUM ASSOCIATION, INC.

Age verified for 55+ age restricted community? Yes No

Interview conducted ? Date: _____

The above Applicants have been approved: Yes No

Date: _____ By: _____