



Terra Siesta Co-Op, Inc.
55+ Resident Owned Community

Phone: (941) 723-1260

Fax: (941) 722-1028

3502 Patricia Place, Ellenton FL 34221

Community association Manager: manager@terrasiestacoop.com

Long Term Sublet Application (Minimum of 12 months)

Shareholders Name: _____ Address: _____

Phone Number: _____

Unmarried applicants must fill out separate applications. Do not leave any blank spaces. Please use black ink. Please allow at least ten (10) business days for approval process. Thank you!

Applicant Information

Name: _____ SS# ____/____/____ DOB: ____/____/____
Last First MI

Driver's License #: _____ State: _____

Phone Number: _____ Alt. Phone Number: _____

Email Address: _____

Spouse: _____ SS# ____/____/____ DOB: ____/____/____
Last First MI

Driver's License #: _____ State: _____

Phone Number: _____ Alt. Phone Number: _____

Email Address: _____

Length of Stay: _____ to _____

*****MUST PROVIDE A COPY OF LEASE AGREEMENT*****

Address History:

Home Telephone Number: ____ - ____ - ____ **Reason for Moving:** _____

Present Address: _____
Street Apt# City State Zip Code

Length of Residency: ____ / ____ to ____ / ____ **Monthly Payments:** \$ _____

Present Mortgage Company/ Landlord: _____

Telephone: ____ - ____ - ____

Previous Address: _____
Street Apt # City State Zip Code

Length of Residency: ____ / ____ to ____ / ____ **Monthly Payments:** \$ _____

Mortgage Company/Landlord: _____ **Telephone:** ____ - ____ - ____

Employment History

Present Employer: _____ **City/State:** _____

Telephone #: ____ - ____ - ____ **Position:** _____

Dates of Employment: ____ / ____ to ____ / ____

\$ Income: \$ _____ **per** _____ **Supervisor's Name:** _____

Former Employer: _____ **City/State:** _____

Telephone #: ____ - ____ - ____ **Position:** _____

Dates of Employment: ____ / ____ to ____ / ____

\$ Income: \$ _____ **per** _____ **Supervisor's Name:** _____

Have you and/or your spouse been subject to foreclosure or evicted by a prior landlord?

Yes No

Have you and/ or your spouse adjudication withheld or been convicted of crime?

Yes No

If you have answered yes to either of these questions, please explain the circumstances on a separate sheet of paper and submit with application.

AUTHORIZATION OF RELEASE OF INFORMATION: Applicant(s) represent that all of the above information and statements for purchase or lease are true and complete, and hereby authorize an investigative consumer report including, but not limited to, residential history, employment history, criminal records and credit reports. This application must be signed before it can be processed by the Terra Siesta Co-Op, Inc., and its management agents.

Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this state.

NON-REFUNDABLE APPLICATION FEE: Applicant(s) agree to the \$50.00 non-refundable application fee of \$50 applicant and this fee is included with this application. Check box:

EMERGENCY CONTACT INFORMATION FORM: Applicant(s) have completed the Emergency Contact Information Form and it is included with this application. Check box:

RENTER CAR STICKER VERIFICATION FORM: Applicant(s) have completed the Renter Car Sticker Verification Form and it is included with this application. Check box:

ANIMAL REGISTRATION FORM: Will any animals be kept in the Unit? Yes No
If Yes, Applicant(s) have completed the Animal Registration Form and it is included with this application. Check box:

RULES & REGULATIONS OF TERRA SIESTA CO-OP, INC.: Applicant(s) acknowledge receipt, review, and understanding of the Association's Rules & Regulation and agree to abide by the Rules & Regulations at all times during the sublet. Check box:

By signing below, I/We affirm the affirm that the above is true and accurate and that I/We provide the authorization stated above.

Applicant Signature

Date: _____

Applicant Signature

Date: _____

Shareholder Signature

Date: _____

Shareholder Signature

Date: _____

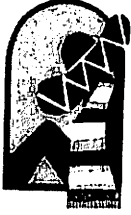


Background Check Completed on: _____

Background Check Ran By: _____

Shareholder provided Terra Siesta with a signed rental/lease agreement: Yes No

Property Manager Approval: _____ Date: _____



Terra Siesta Co-Op, Inc.
55+ Resident Owned Community

Phone: (941) 723-1260

Fax: (941) 722-1028

3502 Patricia Place, Ellenton FL 34221

Community association Manager: manager@terrasiestacoop.com

Emergency Contact Information

Applicant Name: _____

Emergency Contact Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Emergency Contact Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Applicant Name: _____

Emergency Contact Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Emergency Contact Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____



Terra Siesta Co-Op, Inc.

55+ Resident Owned Community

Phone: (941) 723-1260

Fax: (941) 722-1028

3502 Patricia Place, Ellenton FL 34221

Community association Manager: manager@terrasiestacoop.com

Applicant Car Sticker Verification

PLEASE PRINT

Applicant Name(s): _____

Park Address: _____ Full Time Resident: Y / N

Home Phone: _____ Cell Phone: _____

Vehicle Information

Make: _____ Model: _____

Color: _____ License Plate Number: _____

Sticker number: _____

Vehicle Information

Make: _____ Model: _____

Color: _____ License Plate Number: _____

Sticker number: _____

Signature: _____ Date: _____

Signature: _____ Date: _____



Terra Siesta Co-Op, Inc.

55+ Resident Owned Community

Phone: (941) 723-1260

Fax: (941) 722-1028

3502 Patricia Place, Ellenton FL 34221

Community association Manager: manager@terrasiestacoop.com

Animal Registration Form

Animal Information:

Species: _____ Breed: _____ Sex: M / F
Age: _____ Weight: _____ lbs. Color _____ Is your pet spayed or neutered: Y / N

Animal Information:

Species: _____ Breed: _____ Sex: M / F
Age: _____ Weight: _____ lbs. Color _____ Is your pet spayed or neutered: Y / N

** Must provide your most recent vaccination records for your animal(s)**

** Must provide a recent photograph of your animal(s)**

** All Animals MUST NOT exceed 25 POUNDS at Maturity**

** I agree to notify the office staff of any changes pertaining to my animal(s)**

Signature: _____ Date: _____

Signature: _____ Date: _____

Terra Siesta Co-Op, Inc. Association Manager has reviewed all information provided and approved pet registration.

Signature: _____ Date: _____