

University Place Neighborhood Association, Inc.

c/o Sunstate Association Management Group
P.O. Box 18809, Sarasota, Florida 34276
P. 941.870.4920 / F. 941.870.9652
Email: uphoa@sunstatemanagement.com

Minimum rental term is 30 days and not more than twice per year. No more than 3 unrelated persons on a lease. \$100 application fee per person over 18 years of age (check made out to University Place.) Application must be submitted 10 days prior to lease date.

All applicants must be approved prior to occupancy. Limit three gate access bar codes per address.

Pools / Fitness Center access FOBs are issued to the owner per home. No FOBs will be issued to renters.

APPLICATION FOR LEASE

START DATE: _____ **END DATE:** _____

OWNER INFORMATION:

Association Address: _____

Owner Name: _____

APPLICANT / LEASE INFORMATION:

Renter Name(s): _____

Renter Phone(s): _____

Email(s): _____

Pets (list breed and weight): _____

Car: make, color and model (renter 1); _____

Car: make, color and model (renter 2); _____

Emergency Contact: _____ **Emergency Phone #:** _____

LEASE/RENTAL Agreement: I have read the Covenants, Bylaws and Rules & Regulation of the Association in their entirety. I agree to abide by these documents.

RENTER Signature: 1.) _____ **2.)** _____

Board Approval: _____ **Date:** _____



Owner / Renter Registration Form

This form is to be completed and emailed to customerservice@enverasystems.com after closing for new owner or after move in for renter

New Update Delete

Community Name: _____

Owner / Tenant Name: _____ Owner Tenant

Owner / Tenant Name: _____ Owner Tenant

Rental Term (if applicable): Start Date: _____ End Date: _____

Primary Phone: _____ Alternate Phone: _____

Community Street Address: _____

Email Address: _____

Vehicle Information:

Make	Model	State	Plate Number	Credential Type and Number

Gated Communities with an Envera Virtual Gate Guard Kiosk:

Owners: Once processed, an account will be created for you at www.MyEnvera.com. Your user name and password will be emailed or mailed to you. The help section will explain the essentials of the system and how you may interact with it. In addition to www.MyEnvera.com, you may also maintain your guest list via use of our SmartPhone App called MyEnvera, via our voicemail system at 877-936-8373, or by calling our Central Station and speaking with a live guard at 877-936-8372.

With the information below, Envera will enter your initial visitor list for you, or you may enter it on your own at www.myenvera.com. This list should be used for any and all relatives, house guests or service providers that you expect on a regular basis.

Permanent Visitor/Vendor List:

The information above will remain confidential and will be used solely for the purpose stated. It is the responsibility of the owner/resident to keep the above information current. Please advise us with any changes, additions or deletions by logging on to your account at www.myenvera.com, or by calling our office (877) 936-8372, by fax (941) 556-7094, or by emailing customerservice@enverasystems.com. Please allow up to 10 days for processing once we receive the form.

FOR ENVERA USE ONLY:		Credential Type:	(F)job	(S)ticker	(C)ard	(O)ther
#1 () _____	#2 () _____	#3 () _____	#4 () _____			

ENVERA GATE ACCESS

TOLL FREE: 1-877-936-8372 EXT 2

LOCAL: 941-556-0732

FAX: 941-556-0737

WWW.MYENVERA.COM

Please place a check made out to University Place for \$25 per vehicle decal along with this form in the drop box at Charles Town pool area. NEW owners are entitled to two free decals. A maximum of three decals are permitted per rental property and must have an active lease on file.

The following information will be used by Envera for gate access only. The information below will remain confidential and will be used solely for the purposed stated.

INFORMATION:

Address: _____

Name: _____

Name: _____

Phone: _____

Phone: _____

Vehicle Make: _____

Vehicle Make: _____

Model: _____ Color: _____

Model: _____ Color: _____

Tag: _____ State: _____

Tag: _____ State: _____

Decal Number: _____

Decal Number: _____

Primary Email Address: _____

Emergency Contact Person: _____ Phone: _____

Term of Lease: _____ through _____ TENANT

GUESTS: THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO ENTER UNANNOUNCED AND AT ANYTIME 24/7.

This form is to be completed AFTER closing for new owners or AFTER move in for renters.
The drop box is located at 7805 Charleston St.

Check this box if you are a NEW OWNER; closing date : _____

Please allow up to 10 days to process once we receive the form.