

BELLA VILLINO CONDOMINIUM ASSOCIATION

A Corporation Not-for-Profit

C/o PROGRESSIVE COMMUNITY MANAGEMENT, INC.

3701 South Osprey Avenue

Sarasota, Florida 34239

Phone: (941) 921-5393 Fax: (941) 923-7000

APPLICATION FOR RENT OF A UNIT

PLEASE PRINT ALL INFORMATION

A non-refundable fee of \$100.00 must accompany this application, payable to Bella Villino Condominium Association. The undersigned proposes to rent Unit No _____

Address: _____

to: _____, identified below, and the undersigned does hereby apply for approval of this rental by Bella Villino Condominium Association to which the following information is submitted.

The undersigned submits this application for approval of the Board to acquire lease to Unit Number: _____, located at Bella Villino Condominium Association, and states that the following information is true and correct (any intentional misrepresentations shall be a basis for an automatic disapproval).

1. HOMEOWNERS INFORMATION:

Owners Last and First Name: _____

Address of Unit being rented: _____

Mailing Address of Owner: _____

Current Telephone Number of Owner: _____

Fax Number of Owner: _____ Email: _____

2. LESSEE/RENTER'S INFORMATION:

Renter's Name: _____ Spouse Name: _____

Renter's SS#: _____ Spouse SS#: _____

Renter's DOB: _____ Spouse DOB: _____

Renter's Dr. Lic. #: _____ Spouse Dr. Lic. #: _____

Present Home Address: _____ City: _____ ST: _____ Zip: _____

Home Telephone Number: _____

Business Phone Number: _____

Business or Profession (Present or Former): _____

Position Occupied: _____ Active or Retired: _____

3. LEASE INFORMATION:

Lease Term: From: _____ to: _____ Rent Amount: \$_____/mth.

4. PET RULES:

BV I, BV III: 1 Pet is permitted. BV II, BV IV, BV V, BV VI: 2 Pets permitted. Do you have a pet(s)? Yes _____ No _____ Type of Pet _____

Weight of pet _____

5. RENTAL COMPANY INFORMATION:

Name & Address of Rental Company: _____
Street: _____ City _____ ST: _____ Zip: _____
Current Telephone # of Agent: (____) _____ Fax #: (____) _____

6. UNIT OCCUPANTS AND PERMANENT GUESTS:

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

7. VEHICLES:

Make: _____ Model: _____ Year: _____ State: _____ Tag: _____
Make: _____ Model: _____ Year: _____ State: _____ Tag: _____

Parking Space #: _____

8. PLEASE RETURN APPLICATION TO: Bella Villino Condominium Association
4100 Central Sarasota Parkway
Sarasota, FL. 34238

9. LEASE COPY: A complete copy of the lease must accompany this application.

10. RULES AND REGULATIONS COPY: The undersigned agrees to provide any further information that may be reasonably requested by the Board. The undersigned has received a complete copy of the Rules and Regulations and all of its exhibits.

11. Please read and initial spaces below acknowledging receipt and having read: I have read and received a copy of the Rules and Regulations of Bella Villino Condominium Association, Inc. and understand my responsibilities as a renter. _____

I agree to abide by the provisions of said documents and waive my right to any protest.

Units are to be rented/ leased for a minimum lease term of (6) months.
No subleasing or assignment of lease rights by the lessee is permitted.

Please initial that you understand and agree to the following:

- _____ Children under 14 years of age must be accompanied by an adult at the pool.
- _____ Commercial / Recreational Vehicles, trailers, boats, & campers are prohibited.
- _____ Condominiums are for single family occupancy only and no "business" may be operated in the unit.

12. APPROVAL OF ASSOCIATION OBTAINING CREDIT REPORT:

“I hereby authorize Bella Villino Condominium Association to obtain a consumer report, and any other information it deems necessary for the purpose of evaluation of my application. I understand 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. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with the rental or lease of a residence for which this application was made. I hereby expressly release Bella Villino Condominium Association, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.”

Social Security #: _____ Date of Birth: _____

Signature: _____ Date: _____

Social Security #: _____ Date of Birth: _____

Signature: _____ Date: _____

I/We the undersigned hereby grant permission to the Board of Directors or their delegates to contact any or all of the above references with the understanding that all information will be held in strict confidence.

Under penalty of perjury, the undersigned certifies that the foregoing information is true and correct.

Date

Signature of Applicant for Rental

Date

Signature of Applicant for Rental

Action of Board of Directors

Date: _____ Approved: Disapproved:

Signature of Director

Title