

**VILLAGIO CONDOMINIUM ASSOCIATION, INC.**

1100 Villagio Circle

Sarasota, Fl 34237

941-366-2411(o) 941-366-2418(fax)

APPLICATION FOR: PURCHASE( ), LEASE( ), GUEST( )

PLEASE PRINT OR TYPE

**THE FOLLOWING MUST ACOMPANY THIS APPLICATION OR IT WILL NOT BE PROCESSED.**

1. A \$100.00 NON-REFUNDABLE PER PERSON FEE, PAYABLE TO "VILLAGIO" (Separate applications needed for persons who are not married to each other).
2. APPLICANT MUST PROVIDE COPY OF PHOTO ID
3. COPY OF THE CURRENT LEASE AGREEMENT
4. PROOF OF INCOME (Monthly income must be three times the average Villagio monthly rental rates) (Roommate income cannot be combined) Tax return or two pay stubs with year to date total as proof.
5. STEADY EMPLOYMENT
6. CREDIT SCORE Must be at least 680 (recommended)
7. (2) TWO WEEKS FOR APPLICATION PROCESSING.
8. ALL APPLICANTS MUST BE APPROVED PRIOR TO OCCUPANCY OF THE UNIT.

**APPLICATION STATUS WILL BE DONE BY TELEPHONE COMMUNICATION ONLY.**

**SIGNATURES OF BOTH APPLICANT(S) AND OWNER ARE REQUIRED IN ORDER TO PROCESS AND A COPY OF SALES/LEASE CONTRACT. ALL ASSOCIATION DUES AND WATER BILLS MUST BE CURRENT FOR APPROVAL**

INCOMPLETE APPLICATIONS WILL BE VOIDED SEVEN DAYS AFTER SUBMISSION

BUILDING # \_\_\_\_\_ UNIT # \_\_\_\_\_ PRESENT OWNER \_\_\_\_\_

UNIT ADDRESS \_\_\_\_\_

REALTOR/AGENT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**APPLICANTS INFORMATION**

CLOSING DATE \_\_\_\_\_ OR LEASE DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NAME \_\_\_\_\_ SPOUSE/CO-OCCUPANT \_\_\_\_\_

D/O/B \_\_\_\_\_ SS# \_\_\_\_\_ D/O/B \_\_\_\_\_ SS# \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

PHONE# \_\_\_\_\_ CELL PHNONE# \_\_\_\_\_

APPLICANTS CURRENT ADDRESS \_\_\_\_\_

PET TYPE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ **(1 pet not > 40 Lbs) (Guests & Tenants are not permitted to have pets).**

VEHICLES: MAKE: \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ TAG # \_\_\_\_\_

VEHICLES: MAKE: \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ TAG # \_\_\_\_\_

(Commercial and unsightly vehicles are not permitted)

NAMES AND RELATIONSHIP OF ADDITIONAL PERSONS WHO WILL OCCUPY THE UNIT (Under 18 or application needed)

(Give Names and ages)

\_\_\_\_\_  
\_\_\_\_\_

IN MAKING THE FOREGOING APPLICATION, I REPRESENT TO THE BOARD OF DIRECTORS THAT THE PURPOSE OF USE OF A UNIT AT VILLAGIO IS FOR THE FOLLOWING:

PERMANENT RESIDENCE \_\_\_\_\_ SEASONAL RESIDENCE \_\_\_\_\_ OTHER (explain) \_\_\_\_\_

**AS A TENANT I UNDERSTAND THE ASSOCIATION MAY EVICT ME, IF I DO NOT FOLLOW THE REGULATIONS, AND MYSELF /OR MY LANDLORD WILL BE RESPONSIBLE FOR THE ATTORNEY FEES**

\_\_\_\_\_(SIGN) I Certify I have received a copy or read the Associations Declaration of Condominium, Its Bylaws, Rules and regulations and agree to abide by them.

\_\_\_\_\_(SIGN) As a Tenant I understand the Association may evict me, if I do not follow the Documents Regulations, and Myself or my landlord will be responsible for all attorney fees.

\_\_\_\_\_(SIGN)I understand if the owner of my unit falls behind in the association dues and or water bill within 30 days or more I will be subject to paying the rent directly to the association or be subject to eviction and car towing.

\_\_\_\_\_(SIGN)I understand that if any other persons other than the names I have provided are found to reside in my unit without the permission of the Association, will be grounds for eviction and \$100 fine per day to be billed to the owner.

All Cars must be registered with the Association with a window decal (\$10)  
All clickers must be registered at the office in the Residents name.  
All gate swipes must be registered at the office in the Residents name.

By signing below, I hold the Villagio Condominium Association, Inc. and all its agents harmless and will not take any legal action against them, based on the information that I have provided. I certify all the provided information is true and correct and authorize the Board of Directors or it's agents to investigate my/our background, credit information, employment (3 years) and rental history(3 years). Approve or deny is at the discretion of the Association.

\_\_\_\_\_  
SIGNATURE OF APPLICANT(S)

\_\_\_\_\_  
SIGNATURE OF OWNER(S) OR AGENT

\_\_\_\_\_  
PRINT NAME OF APPLICANT(S)

\_\_\_\_\_  
PRINT NAME OF OWNER(S) OR AGENT

\_\_\_\_\_  
SIGNATURE OF APPLICANT(S)

\_\_\_\_\_  
SIGNATURE OF OWNER(S) OR AGENT

\_\_\_\_\_  
PRINT NAME OF APPLICANT(S)

\_\_\_\_\_  
PRINT NAME OF OWNER(S) OR AGENT

**ASSOCIATION APPROVAL: APPROVAL \_\_\_\_\_ DISAPPROVAL \_\_\_\_\_**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**COMPLETED APPLICATION MUST HAVE SIGNATURES OF BOTH THE OWNER AND APPLICANT**