VILLAGIO CONDOMINIUM ASSOCIATION, INC.

1100 Villagio Circle
Sarasota, Fl 34237
941-366-2411(o) 941-366-2418(fax)

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

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

1. A $100.00 NON-REFUNDABLE PER PERSON FEE (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

VILLAGIO
1100 Villagio Circle
Sarasota, FL 34237
941-366-2411

I understand that installing and/or purchasing a unit with wood or tile flooring can cause noise issues for the unit below. If the occupants of the lower unit complain about noise after install of flooring other than carpet, I agree to cover said flooring with carpeting within 30 days from receipt of the demand from the association.

I agree to not take any legal actions against the association for the demand to change the flooring.

Signature _____

Print_____

Unit_____

Date_____

Flooring Requirements:

Flooring material must meet:

1. 60 or Higher IIC rating
2. Additional Sound Barrier of cork or quiet walk.

Approved by the Villagio Board of Directors:

Signature _____

Print_____

Date_____

Villagio Condominium Association Inc.

CREDIT APPLICATION

APPLICANT INFORMATION

Name:

Date of birth: SSN: Phone:

Current address:

City: State: ZIP Code:

Own Rent (Please circle) Monthly payment or rent: How long?

Previous address:

City: State: ZIP Code:

Owned Rented (Please circle) Monthly payment or rent: How long?

Name of Current Landlord:

Phone number of Current Landlord:

EMPLOYMENT INFORMATION

Current employer:

Employer address: How long?

Phone: E-mail: Fax:

City: State: ZIP Code:

Position: Hourly Salary (Please circle) Annual income:

Previous employer:

Address: How long?

Phone: E-mail: Fax:

City: State: ZIP Code:

Position: Hourly Salary (Please circle) Annual income:

Relationship:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:

Date of birth: SSN: Phone:

Current address:

City: State: ZIP Code:

Own Rent (Please circle) Monthly payment or rent: How long?

Previous address:

City: State: ZIP Code:

Owned Rented (Please circle) Monthly payment or rent: How long?

EMPLOYMENT INFORMATION

Current employer:

Employer address: How long?

Phone: E-mail: Fax:

City: State: ZIP Code:

Position: Hourly Salary (Please circle) Annual income:

Previous employer:

Address:

Phone: E-mail: Fax:

City: State: ZIP Code:

Position: Hourly Salary (Please circle) Annual income:

Villagio Condominium Association Inc.

CREDIT APPLICATION

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value

I authorize Villagio condominium Association Inc, to verify the information provided on this form as to my credit and employment history.

Signature of applicant Date

Signature of co-applicant, if for joint account Date