

VENICE AVENUE CONDOMINIUM ASSOCIATION

55+ Condominium
512 Venice Avenue
Venice, FL 34285
c/o Realmanage 1-866-473-2573

RENTAL OCCUPANCY CHECKLIST

The minimum rental occupancy period is 90 days. This application must be completed and submitted to Management at least **30** days prior to rental occupancy. A new application is required for each rental period. It is the owner responsibility to provide lease agreement to renter.

Please Note

Venice Avenue Condo Association may obtain a consumer report and other information deemed necessary, for the purpose of evaluating **any** occupant in the park. It is understood 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.

Please return the following items to the office to begin the processing of the renter's application:

All Application fees are non-refundable

- _____ Completed Background Verification Authorization Form.
- _____ Copy of the signed lease agreement is required to be attached to the application.
- _____ Copy of a legible, valid Photo Identification Card issued by a federal or state agency (i.e. Driver's License, State Issued ID, for all applicants)
- _____ Completed & Signed Rental Occupancy Application.
- _____ A check for \$100.00 for the processing of this application, made out to:
Venice Avenue Condo Association.

*No Pets of any Kind are permitted on the premises. *No Smoking in any common area*

After reviewing the Rental Occupancy Application, the owner will be contacted by the Management Company with the Board of Director's decision on the requested rental of the rental.

**THESE DOCUMENTS MUST BE PRINTED, SIGNED AND MAILED TO:
VENICE AVE CONDO, C/O REALMANAGE 333 TAMiami TRL. SOUTH SUITE 217
VENICE, FL 34285**

IT MAY NOT BE SENT VIA EMAIL AS SIGNATURE AND PAYMENT MUST BE INCLUDED.

This page is for informational purposes only and does not need to be returned to the office.

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RENTAL OCCUPANCY APPLICATION

I / We, hereby make application to the Board of Directors to rent in at Venice Avenue Condo Association. A non-refundable check for \$100 for the application fee is attached to this application. **Note:** occupancy will not be approved without completed application and \$100 non-refundable check. The minimum rental occupancy period is 90 days. This application must be completed and submitted to the Management office at least **30** days prior to rental occupancy. A new application is required for each rental period. It is the owner's responsibility to provide lease agreement to renter along with the Rules & Regulations of the Association.

*No Pets of any Kind are permitted on the premises. *No Smoking in any common area*

Venice Ave Address: _____
Rental Property _____ Unit# _____ Owner Name _____

Renter: _____ Co-renter: _____

Previous Rental Dates: _____ Email: _____

Home Address: _____
Street _____ City, State, Zip _____

Telephone: _____ / _____

Emergency Contact Person Name: _____ Telephone: _____

Occupancy Period: _____ to _____
Month/Day/Year (Minimum 90 Days) Month/Day/Year

Type of Vehicle: _____ License Plate# _____

ACKNOWLEDGEMENTS

I / We, Certify Acknowledgement of the Rules, and Regulations. I / We, the undersigned, desire to occupy said premises for the period stated, for residential purposes only, and will abide by the Rules and Regulations of the association including but not limited to the age requirements of the association.

X _____
Renter Signature _____ Date _____

X _____
Co-Renter Signature _____ Date _____

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BACKGROUND VERIFICATION AUTHORIZATION

APPLICANT IDENTIFYING INFORMATION (PLEASE PRINT) Please note: Applicants must attach a copy of a legible, valid Driver's license or state issued Identification. Applicants must meet the following age restrictions.

Unit # _____

Applicant Name: _____ Birthdate: _____

Address: _____

Applicant Name: _____ Birthdate: _____

Address: _____

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CONSUMER REPORTS OR OTHER INFORMATION

I agree to hold harmless Venice Avenue Condominium Association and all providers of information on the applicant(s) stated above. In the event that the information provided by me (us) is found to be misleading or false, my acceptance for this application may be affected. I/We hereby authorize the Association's Agent to request a consumer report or other information from one of the consumer reporting agencies in considering this application. I/We also understand that any information will be held in strict confidence.

Applicant Signature _____ Social Security Number* _____ Date _____

Applicant Signature _____ Social Security Number* _____ Date _____

Office Use Only

Date Rental Application Received: _____ Date Decision Sent to Owner(s): _____

Date: _____ Designee Signature: _____ Approved Denied