

ISLAND COURT VENICE CONDOMINIUM ASSOCIATION, INC

RENTAL APPLICATION

****MUST INCLUDE A COPY OF THE LEASE****

There is a \$150.00 Application Fee Payable to: Island Court Venice Condominium Association, Inc.
And a \$25.00 Processing Fee Payable to: RealManage

RETURN COMPLETED APPLICATION & FEES TO:

RealManage
460 N. Tamiami Trail
Osprey, FL 34229
ISLCOURT@ciramail.com

Please return required documents 30 days prior to occupancy period for processing.

LESSOR'S STATEMENT

The undersigned wishes to lease Unit No _____ Address: _____

To: _____, tenant(s) identified below, and that the undersigned does hereby notify Island Court Venice Condominium Association of the following information:

Date _____ Owner Signature _____

Owner-Print Name _____

****PLEASE NOTE: TENANTS ARE NOT PERMITTED TO HAVE PETS****

TERM OF LEASE: START DATE: _____ END DATE: _____

TENANT'S FULL NAME: _____ NAME OF SPOUSE: _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____ PH _____

DATE OF BIRTH _____ DATE OF BIRTH OF SPOUSE _____

Social Security # _____ Social Security # of Spouse _____

BUSINESS/PROFESSION (Present or Former) _____

ACTIVE OR RETIRED: _____

NAME OF EMPLOYER _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____ PH _____

NAME(S), AGE AND RELATIONSHIP OF OTHER PERSON(S) WHO WILL OCCUPY THE UNIT:

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

VEHICLES: MAKE: _____ YEAR _____ MODEL _____ TAG _____

MAKE: _____ YEAR _____ MODEL _____ TAG _____

I/We have read and received a copy of the Declaration of Condominium, the Articles of Incorporation, the By-Laws, Frequently Asked Questions and Answers and Rules and Regulations of Island Court Venice Condominium Association, Inc. and understand my responsibilities. I/We agree to abide by the provisions of said documents. I/We agree to hold harmless RealManage and all providers of information on the prospective owner/ tenants stated above. If the information provided by me (us) is found to be misleading or false, my acceptance for this lease whether determination is made before or after my date of occupancy may be affected. I/We do hereby authorize with my/our signature(s) the release of public records, credit report, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to RealManage and all its members now and in the future for exclusive use of Island Court Venice Condominium Association, Inc. The undersigned applicant hereby grants permission to the Board of Directors and/or its managing agent RealManage to contact any/all the above references with the understanding that all information will be held in strict confidence.

All leases shall provide that the Association shall have the right to terminate the lease upon default by the tenant in observing any of the provisions of this Declaration, the Articles of Incorporation or Bylaws of the Association, applicable Rules and Regulations, or other applicable provisions of any agreement, document or instrument governing or affecting the Condominium.

To ensure accurate identity verification and maintain a secure screening process, all Lessors must submit a clear copy of a valid government-issued photo ID for every applicant listed on the lease. Applications will not be considered complete or processed until the required identification has been provided.

SIGNATURE OF APPLICANT: _____ SIGNATURE OF OWNER: _____

SIGNATURE OF APPLICANT: _____ SIGNATURE OF OWNER: _____

OWNER CONTACT INFORMATION:

OWNER MAILING ADDRESS: _____

OWNER HOME PHONE _____ OWNER CELLPHONE _____

OWNER EMAIL ADDRESS: _____

OWNER EMERGENCY CONTACT:

NAME: _____ PHONE _____

NOTIFICATION TO BOARD OF DIRECTORS DATE: ____/____/____

ASSOCIATION APPROVAL: APPROVED _____ DISAPPROVED _____

_____/_____/_____
BOARD MEMBER SIGNATURE -TITLE _____ DATE