

# VILLA D'ESTE SECTION B CONDOMINIUM ASSOCIATION, INC.

C/O Sunstate Association Management Group, Inc.

P. O. Box 18809, Sarasota, Florida 34276 Tel:

941-870-4920 Fax: 941-870-9652

Email [Allapplications@sunstatemanagement.com](mailto:Allapplications@sunstatemanagement.com)

## RENTAL APPLICATION

I/We hereby make application to the Board of Directors for a **1-month minimum rental** in Villa D' Este Section B Condominium Association. Along with the completed application, I/we have attached a non-refundable **\$100.00 application fee made payable to: Villa D'Este Condominium Association, Inc. (Please include page 2 Authorization Form for all occupants over the age of 18.)** to perform the required background check. It is understood that each 1-bedroom unit is to be occupied by no more than 2 people and each 2 bedroom unit by no more than 2 adults and 2 children. No tenant may occupy a unit until written approval has been received from the Board of Directors as per the Association Declaration. Violations of these rules will result in a fine to the owner/landlord of \$100 per day.

### PLEASE PRINT

Unit Number: \_\_\_\_\_ Rental Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Lessee: \_\_\_\_\_ Spouse: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

| Name and Ages of All Occupants |      |            |
|--------------------------------|------|------------|
| #1                             | Age: | Birth Date |
| #2                             | Age: | Birth Date |
| #3                             | Age  | Birth Date |
| #4                             | Age  | Birth Date |

Motor Vehicle(s):

Make \_\_\_\_\_ Year \_\_\_\_\_ Color: \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ Color: \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

### **PLEASE INITIAL THAT YOU UNDERSTAND AND AGREE TO ABIDE TO THE FOLLOWING RULES:**

\_\_\_\_\_ Children under 12 years of age must be accompanied by an adult at the pool

\_\_\_\_\_ Commercial/recreational vehicles, trailers, boats and campers are prohibited

\_\_\_\_\_ Absolutely no pets of any kind are allowed even with visitors

\_\_\_\_\_ Condominiums are for single family occupancy only

**I have been provided with a copy of the Association's Declaration of Condominium, its bylaws and rules and regulations and agree to abide by the listed documents.**

Renter's Signature \_\_\_\_\_ Date \_\_\_\_\_

Renter's Signature \_\_\_\_\_ Date \_\_\_\_\_

Board of Directors

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return application to Villa D'Este Condominium Association, c/o Sunstate Association Management Group, Inc. at the above address.**

AUTHORIZATION TO PERFORM BACKGROUND INVESTIGATION

AND CRIMINAL REPORT

In compliance with applicable state law, this notice is to inform you that this company may obtain a BACKGROUND PROFILE AND CRIMINAL report.

Reports include but are not limited to criminal background checks, Department of Motor Vehicle records, and associated profile information. An investigative report contains information of your character; general reputation, personal characteristics, or mode of living which has been obtained through public records and personal interviews with neighbors, friends, or associates or from others with whom you are or have been acquainted or who may have knowledge concerning and such information.

If two applicants, both must complete information requested below and sign. If there are additional occupants over the age of 18, please have them complete another authorization page and sign.

Applicant 1:

By signing below, I (print given name) \_\_\_\_\_ authorize this company to obtain a Criminal report or an investigative profile report in connection with my employment, or tenancy as set forth herein.

X Signature \_\_\_\_\_

Print Full Legal Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant 2:

By signing below, I (print given name) \_\_\_\_\_ authorize this company to obtain a Criminal report or an investigative profile report in connection with my employment, or tenancy as set forth herein.

X Signature \_\_\_\_\_

Print Full Legal Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_