

VILLA ROSA SARASOTA
HOMEOWNERS ASSOCIATION, INC.

AMI Management, Attn: Alex Hall
9301 Town Center Parkway
Bradenton, FL 34202
(941) 359-1134 Fax (941) 359-1089
ahall@amiwra.com

APPLICATION/APPROVAL TO LEASE

NOTE: A \$100.00 non-refundable application fee must accompany this application.

In order for you to facilitate consideration of my/our Application for lease of the designated home in Villa Rosa Sarasota, I/we represent that the following information is factual and true. I/We are aware that any falsification or misrepresentation of the facts in this Application will result in automatic rejection of this Application. I/We consent that you may make further inquiry concerning this Application, particularly of the references given.

STREET ADDRESS _____ LEASE START DATE _____

OWNER'S NAME(S) _____ LEASE END DATE _____

TENANT'S NAME _____ MONTHLY RENT _____

DATE OF BIRTH _____ DRIVER'S LICENSE NO. _____ STATE _____
(Age)

TENANT'S NAME _____

DATE OF BIRTH _____ DRIVER'S LICENSE NO. _____ STATE _____
(Age)

CURRENT ADDRESS _____ HOW LONG _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____
(Street/Apt#) (State) (Zip Code)

PRIOR ADDRESS _____ HOW LONG _____

(Street/Apt#) (State) (Zip Code)

OTHERS RESIDING WITH YOU AT VILLA ROSA SARASOTA:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

VEHICLES TO BE KEPT AT VILLA ROSA SARASOTA:

MAKE/YR _____ MODEL _____ COLOR _____ LICENSE# _____

MAKE/YR _____ MODEL _____ COLOR _____ LICENSE# _____

DO YOU OWN PET(S)? _____ TYPE _____ HOW MANY _____

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I will be bound by the Declaration of Covenants, Conditions and Restrictions, Bylaws, Articles of Incorporation and the Rules, Regulations and Guidelines of the Villa Rosa Homeowners Association, Inc. I represent that the information provided is factual and true. I have read and understand the Rules, Regulations and Guidelines of the Villa Rosa Sarasota Homeowners Association, Inc. I understand that any violation of the terms, provisions, conditions and covenants of Villa Rosa Homeowners Association, Inc. documents provides cause of such action as is therein provided.

This is authorization for verification of information for credit report, public records, rental and lease history, and employment verification. I agree to hold harmless, AMI Management, and all providers of information on the prospective tenant(s) state above. In the event that the information provided by me (us) is found to be misleading or false, my acceptance for this rental/lease, whether determination is made before or after my date of occupancy, may be affected.

I 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 AMI Management, and all its members now and in the future.

DATE _____

Signature of Applicant

DATE _____

Signature of Applicant

PROPERTY MANAGER INFORMATION (IF APPLICABLE)

REAL ESTATE OFFICE & AGENT _____

PHONE NO. _____ FAX NO. _____

VILLA ROSA SARASOTA HOMEOWNERS ASSOCIATION, INC.

APPROVED _____ DISAPPROVED _____

DATE _____

Signature of Association Board Member