

ROSE GARDEN VILLAS CONDOMINIUM ASSOCIATION INC.

c/o American Condominium Management, Inc.
4223 Del Prado Blvd S., Cape Coral, Florida 33904
Office (239) 542-4404 Fax (239) 542-0082
Email: robin@amcondo.net

APPLICATION FOR LEASING/RENTAL OCCUPANCY
Please Print & Complete All Questions and Fill In All Blanks
RETURN, WITH A COPY OF THE CONTRACT OR LEASE

Date: _____ Condo Unit # _____ Occupancy Date _____

Renter Information: Number of People to Occupy Unit: _____

Name: _____ Date of Birth _____

Vehicle Type: _____ Color: _____ License # _____

Email: _____ Cell# _____ Home# _____

Spouse/Partner: _____ Date of Birth _____

Vehicle Type: _____ Color: _____ License # _____

Email: _____ Cell # _____ Home # _____

OTHER OCCUPANTS:

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

IN CASE OF EMERGENCY NOTIFY: Name _____

Address _____ Phone #'s (C) _____

_____ (H) _____

IF LEASE/RENTAL DATES: From _____ To _____

Leases shall NOT be for a period of less than 3 months & may not be leased more than twice in a 12 month period. Rental Screening Criteria Applications must be submitted and approved.

NAME OF CURRENT OWNER: _____

Initials _____

RESIDENCE HISTORY (AT LEAST 5 YEARS)

Present Street Address: _____
City, State/Province, Zip/Postal Code

Own _____ Rent _____ Dates of Residency: From _____ To _____

Prior Residency Address: _____
City, State/Province, Zip/Postal Code

Own _____ Rent _____ Dates of Residency: From _____ To _____

Have you previously lived in a condominium? Yes _____ No _____

EMPLOYMENT

Currently Employed? Yes _____ No _____ Retired? Yes _____ No _____

Employed By/Retired From _____

Address & Phone # _____

Length of Employment _____

Spouse/Partner Employed By/Retired From _____

Address & Phone # _____

Length of Employment _____

PETS

There are pet restrictions. Tenants may not have pets.

GOVERNANCE

American Condominium Management, Inc. will answer any questions you may have prior to signing this Application. It is the Owner’s responsibility to ensure that you have obtained Rose Garden Villas governance documents (Condominium Declaration, Bylaws, and Rules & Regulations). It is your responsibility to review them and to abide by them. Failure to do so could result in monetary fines.

I/We have received, read and understand the Condominium Governing Documents and the Rules & Regulations for Rose Garden Villas Condominium Association, Inc. I/We agree to abide by all of the provisions and those of other recorded documents as well as all of the rules and regulations made pursuant thereto.

____ Initials

By signing, the applicant recognizes that Rose Garden Villas Condominium Association, or its agent, American Condominium Management, Inc. may obtain and verify a credit and/or investigation of my background which may include information regarding to my character, banking history, present and prior residential history and past and present employment history. I/We agree to indemnify and hold harmless the above Association and American Condominium Management, Inc., its employees, Officers and Directors, affiliates, subcontractors and agents from any loss, expense, or damage which may result directly or indirectly from information or reports furnished by American Condominium Management, Inc.

I/We certify that all of the above furnished information is true and accurate, should there be any discrepancies and/or false information provided, I understand that this application is null and void. As required by law, this information is kept strictly confidential.

Applicant Signature:

Applicant Signature:

Date: _____

Initials _____

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