**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 \_\_\_\_\_\_\_\_\_ 1 of 3*

**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 Page 2 of 3*

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 \_\_\_\_\_\_*  *Page 3 of 3*

***Form 13***