

VILLAGE IN THE PINES CONDOMINIUM ASSOCIATION, INC.

A Corporation Not-For-Profit
c/o Sunstate Association Management Group, Inc.
P O Box 18809, Sarasota, FL 34276
Phone 941- 870-4920 Fax 941-870-9652
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APPLICATION FOR RENTAL OF UNIT

INSTRUCTIONS – PLEASE READ CAREFULLY

- This application, an application for lease approval must be completed in detail by each proposed adult occupant over the age of 18, other than husband/wife or parent/dependent child (which is considered one applicant) along with a completed Application For Occupancy Approval Form.
- If any question is not answered or left blank, this application may be returned, not processed and not approved.
- The completed application must be submitted to the Association office at least 20 business days prior to the desired date of occupancy.
- Occupancy prior to Board of Director's approval is strictly prohibited and is grounds for automatic rejection of the application.
- Renewals or extensions of leases are subject to re-approval by the Board of Directors. Multi-year leases are subject to re-approval by the Board of Directors.
- No pets allowed at any time.
- Use of this Unit is for single family residence only.
- A lessee/renter may not sublet a Unit.
- Children under 13 years of age must be accompanied by an adult at the pool.
- Commercial/recreational vehicles, trailers, boat/boat trailers, and campers are prohibited.

PLEASE TYPE OR PRINT ALL INFORMATION

A copy of the lease agreement valid driver's license, copy of valid auto insurance and a non-refundable fee of \$100.00 made payable to Village in the Pines Condominium Association, herein after referred to as "CDACA" must accompany this application along with an no-refundable fee of \$25.00 made payable to Sunstate Association Management Group.

The undersigned proposes to rent/lease the following **Unit Number & Letter:** _____

Street: _____ to the lessee named below, and the undersigned Unit owner does hereby apply for approval of this rental/lease by the Board of Directors of CDACA to which the following information is submitted.

Lease Start Date: _____ Lease End Date: _____ Lease Amount: \$ _____ .00 per month. _____

No unit may be rented or leased for a period of less than 90 days. The undersigned Unit owner submits this application for approval by the Board of Directors to lease **Unit Number & Address:** _____

_____ located at CDACA, a sub-division within the Venetia Community, Venice, FL, and states that the following information is true and correct. (Any intentional misrepresentations shall be a basis for an automatic disapproval).

CDACA Restated Declarations require 10 business days for approval or disapproval of your application. Without Board approval a rental/lease is not complete and is invalid.

All rental/leases or occupation of a unit must be approved, in writing, by the Board of Directors before such lease or occupation shall be valid and effective as per Village in the Pines Restated Declaration of Condominium. (Sale, Transfer, Lease, or Occupation of Unit).

1. OWNER INFORMATION:

Unit Owner's Full Name: _____

Current Telephone Number of Unit Owner: _____

Current Address of Unit Owner: _____ City: _____ State: _____ Zip: _____

Signature of Unit Owner or Rental Agent Date

Signature of Unit Owner or Rental Agent Date

LESSEE / RENTER'S INFORMATION

2. LESSEE/RENTER'S INFORMATION:

Renter's Name: _____ Spouse Name: _____

Renter's SS#: _____ Spouse SS#: _____

Renter's DOB: _____ Spouse DOB: _____

Renter's Dr. Lic.# _____ Spouse Dr. Lic.# _____

Current Home Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Business Phone Number: _____

Business or Profession (Present or Former): _____

Position Occupied: _____ Currently Active or Retired: _____

3. UNIT OCCUPANTS AND PERMANENT GUESTS WHILE YOU ARE LEASING /RENTING:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

4. REFERENCES:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

5. VEHICLES:

Make: _____ Model: _____ Year: _____ State: _____ License#: _____

Make: _____ Model: _____ Year: _____ State: _____ License#: _____

Make: _____ Model: _____ Year: _____ State: _____ License#: _____

The undersigned lessee/renter agrees to provide any further information that may be reasonably requested by the Board of Directors. The lessee/renter has received a copy of the CDACA Restated Declarations dated 07/31/13 and current Rules and Regulations. The lessee/renter has read the restrictions as contained in the CDACA Restated Declarations and the Rules and Regulations and understands their responsibilities as a lessee/renter. I/We agree to abide by the provisions of said documents and waive my/our right to any protest. Please **initial** that you have received and read the aforementioned documents and agree to abide by them.



I/We understand that CDACA may cause to be instituted an investigation of my/our background as the Board of Directors may deem necessary. Accordingly, I/We specifically authorize the CDACA Board of Directors, it's agents Sunstate Management Group and CoreLogic SafeRent to make such investigation and agree that the information contained in this and the attached Application for Occupancy Approval may be used in such investigation, and that the Board of Directors, Officers and Management of CDACA itself and its agents shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

I/We hereby authorize CDACA's agent to request a consumer report from one of the consumer reporting agencies in considering this application. I/We also understand that any information will be held in strict confidence. Upon applicant(s) request we will inform applicant(s) of the name and address of each consumer reporting agency from which we obtained a consumer report, if any, relating to applicant(s).

I/We the undersigned hereby grant permission to the CDACA Board of Directors or their agent to contact any or all of the above references with the understanding that all information will be held in strict confidence.

Under penalty of perjury, the undersigned certifies that the foregoing information is true and correct.

Signature of Applicant for Rental: _____ Date: _____

Signature of Applicant for Rental: _____ Date: _____

6. RENTAL COMPANY INFORMATION: (If applicable)

Name and Address of Rental Company: _____ Street: _____ City: _____

Name of Rental Agent: _____ Current Telephone # of Agent: _____

Telephone # of Rental Company: _____ Fax: _____

Email Address: _____

7. RETURN COMPLETED APPLICATION TO:

Sunstate Association Management Group, Inc.
P O Box 18809
Sarasota, FL 34276

Action of Board of Directors:

_____ **Unit**

Date: _____

Approved:

Disapproved:

Signature for CDACA Board of Directors

Title

FOR OFFICE USE ONLY

CDACA
Fee Received: \$ _____

Date: ____ - ____ - ____

Method of Payment _____

Sunstate
Fee Received: \$ _____

Date: ____ - ____ - ____

Method of Payment _____

Received By: _____

INSTRUCTIONS:

1. Applicants not legally married require an application on each person.
2. Print legibly or type all information. Account and telephone numbers and complete addresses are required.
3. If any question is not answered or left blank, this application may be returned, not processed or not approved.
4. Missing information will cause delays in processing your application.
5. Any misrepresentation, falsification or omission of information may result in your disqualification.
6. Only the applicants are authorized to sign all forms.

VILLAGE IN THE PINES APPLICATION FOR OCCUPANCY APPROVAL

PRINT OR TYPE: Purchase _____ Lease _____ Length or Lease _____

CDACA Address: _____

Date: _____ Occupancy date requested: _____

Name: _____ Date of Birth: _____ Soc. Sec. No. _____

Name: _____ Date of Birth: _____ Soc. Sec. No. _____

___ Single ___ Married ___ Widow(er) ___ Sep. ___ Div. Maiden Name: _____

Number of full time occupants over 18 years of age: _____ Children under 18: _____

Names and ages of dependents who will occupy full time: _____

Description of Pets: (Breed, size, color, weight, etc., Limit two total:) _____

In case of emergency notify: _____
Name *Address* *Telephone*

RESIDENCE HISTORY

1. Present address: _____
(Street Address, Apt./Unit No., City, State, Zip)

Name of Apt./Condo: _____ Telephone #: _____ Dates of Residency: _____

Name of Landlord or Mortgage Co: _____ Telephone #: _____

Address: _____ Mtg. No. _____

2. Previous address: _____
(Street Address, Apt./Unit No., City, State, Zip)

Name of Apt./Condo: _____ Telephone #: _____ Dates of Residency: _____

Name of Landlord or Mortgage Co: _____ Telephone #: _____

Address: _____ Mtg. No. _____

3. Prior address: _____
(Street Address, Apt./Unit No., City, State, Zip)

Name of Apt./Condo: _____ Telephone #: _____ Dates of Residency: _____

Name of Landlord or Mortgage Co: _____ Telephone #: _____

Address: _____ Mtg. No. _____

EMPLOYMENT AND CHARACTER REFERENCES

PRINT OR TYPE

1. Employed By: _____ Telephone #: _____
(Business name or retired from)

Address: _____

How long: _____ Dept. or Position: _____ Mo. Income \$ _____

2. Spouse's Employment: _____ Telephone #: _____
(Business name or retired from)

Address: _____

How long: _____ Dept. or Position: _____ Mo. Income \$ _____

CHARACTER REFERENCES

PRINT OR TYPE

Name: _____ Home Telephone #: _____ Office Telephone #: _____

Address: _____

Name: _____ Home Telephone #: _____ Office Telephone #: _____

Address: _____

Name: _____ Home Telephone #: _____ Office Telephone #: _____

Address: _____

VEHICLE AND DRIVER INFORMATION

Driver's Lic. No. 1 & State: _____ Driver's Lic. No. 2 & State: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____ State: _____

If this application is NOT legible or is not completely filled out, Village in the Pines Condominium Association, Inc. (CDACA) and any of its authorized agents will not be liable or responsible for inaccurate information in the investigation and related report(s) to CDACA or aforementioned agents caused by such illegibility or omissions. Prior to signing this application, the applicant recognizes that CDACA or any of its agents, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to CDACA or their agents. The investigation may be made of the applicant's character general reputation, personal characteristics, credit score, police arrest record and mode of living as applicable. I may request, in writing and within a reasonable amount of time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Date _____

Signature _____ Date _____

RELEASE AUTHORIZATION FORM

AUTHORIZATION TO RELEASE EMPLOYMENT, BANKING, CREDIT,
RESIDENCE AND POLICE RECORD INFORMATION

I have named your organization as a reference on my application for residency within the Village in the Pines Condominium Association located in Venice, Florida.

You are hereby authorized to release and give to the designated party(s) shown below or their Attorney or authorized agents, any and all information they request concerning my employment, banking, credit, residency, police report records and background information in reference to my/our application for residency within the above named community.

DESIGNATED PARTY: VILLAGE IN THE PINES CONDOMINIUM ASSOCIATION, INC.

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Signature Print Date

Signature Print Date

VILLAGE IN THE PINES CONDOMINIUM ASSOCIATION, INC.

STATEMENT OF ASSOCIATION POLICY NUMBER TWO

EFFECTIVE DATE: October 27, 2014

SUBJECT: Policy for Review and Approval of Applications for Sale or Lease in Village in the Pines

STATEMENT: The Board of Directors is responsible but may delegate responsibility for execution of this policy to the Management Company.

POLICY:

1. Application

- a. A complete and fully executed official Village in the Pines application for sale or lease, including a copy of the proposed lease or purchase/sale agreement, of any unit must be received by the Management Company at least 20 business days prior to the starting lease or sale closing date.
- b. The application must be signed by all lessees or purchasers.
- c. All lessees and purchasers and all those who are over the age of 18 and will reside in the unit must pass a background check, a prior rental history check and a credit check.
- d. There will be a \$100 application fee due with the application to cover the Association's cost of the background checks and for processing of the application.
- e. No tenant or buyer shall be allowed to occupy any unit prior to approval of the application by the Association. Occupation prior to approval of the application is grounds for denial of the application.
- f. The Association will have 10 business days to review and approve or decline an application from the date a fully completed and properly executed application is received.
- g. A copy of Village in the Pines's Policy No. Two shall be provided to any applicant(s) requesting Lease or Sale approval within Village in the Pines as per Article 1.a.above. Applicant will acknowledge receipt of said Policy No. 2 by initialing the box below. This initialed copy of Policy No. Two shall be returned, along with the application, prior to the Management Company forwarding the application to the Board.

2. Approval Criteria:

- a. There can be no history of criminal behavior or sexual offender status by any applicant or party over 18 years of age who will be residing in the unit.
- b. There can be no history within the last 5 years of bankruptcy, evictions, foreclosures, unpaid rent or other landlord disputes.
- c. All lease and sale applicants must receive and acknowledge in writing Village in the Pines's Declarations and Rules and Regulations.

- d. The Board of Directors may apply any other criteria not specifically listed herein as grounds for disapproval, so long as it is reasonable and consistent with state law.
- e. In those instances where strict compliance with a specific approval criteria would create an undue hardship by depriving the owner of the reasonable use of his or her unit, the Board of Directors, by a majority vote, may grant a variance to one or more approval criteria. The Board may grant the variance from the approval standards so long as the general purpose and intent of the standards are maintained. All variance requests and approvals shall be in writing. Variances shall be considered unique to the specific circumstances for which it was granted and shall not set a precedent for future decisions.

3. Execution of the Application/Approval Process:

- a. Responsibility for the application process as outlined above is delegated to the Association's management company. The management company will:
 - i. Handle all requests for applications and will receive and process applications to comply with the policy as detailed above.
 - ii. The management company will send to the board by email copies of the application, background check, and lease or sale agreement. Any violations of the application criteria will be highlighted by the management company.
 - iii. Each Board member will then advise the President of the Board of their vote for approval or disapproval of the application.
 - iv. A majority of a quorum of the Board is required to approve or disapprove an application.
 - v. If desired a Board Member may elect not to receive the application information and may accept the management company's recommendation.
 - vi. Applications duly approved by the Board shall be signed by the President, Vice-President or other Board member so delegated by the President or Vice-President.

Please *initial* that you have received and read this document, STATEMENT OF ASSOCIATION POLICY NUMBER TWO.

