



VILLE D'OR
CONDOMINIUM ASSOCIATION

Ville D'Or Condominium Association Inc.

APPLICATION FOR LEASE

Application Requirements

BUILDING NUMBER: _____

UNIT NUMBER: _____

1. This application, and application for approval, and authorization forms must be completed in detail by each proposed adult lessee, other than husband/wife (which is considered one applicant).
2. If any question is not answered or left blank, this application may be returned, not processed and not approved.
3. Please attach a non-refundable **\$100.00 processing fee** to this application by an adult over the age of 18, made payable to **VILLE D'OR CONDOMINIUM ASSOCIATION, INC.** for each applicant, other than husband/wife (which is considered one applicant). Acceptance of the processing fee does not in any way constitute approval of this transaction.
4. Please attach copies of **photo I.D.s for all occupants over the age of 18** to this application.
5. **No pets are allowed.**
6. Use of this unit is for single family residence only. No corporation, company, partnership, or trust may lease a unit.
7. No commercial vehicles, trucks (other than trucks not bearing commercial designation), boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted to park on the premises overnight. Only 1 assigned parking space available per unit.
8. **Occupancy Regulations:** Each of the units shall be occupied by a single family as its resident. No more than 4 people may occupy the unit.



I AGREE to the Application Requirements.

Initial of Applicant: _____

Date of Application: _____

Applicant Information

Applicant Name; First:	Middle:	Last:
Present Address; Street:	City:	State: Zip Code:
Primary Telephone:	Primary Email:	Driver's License #:
Date of Birth:	Social Security Number:	
Previous Address (If less than 2 years at Present Address):		

Occupancy of Residence

Name, Date of Birth, and Relationship of **ALL** who will occupy the unit:

1. Full Name:	Date of Birth:	Relationship:
2. Full Name:	Date of Birth:	Relationship:
3. Full Name:	Date of Birth:	Relationship:
4. Full Name:	Date of Birth:	Relationship:

Employment Information

Applicant: Current Employer (if Retired, Former Business or Profession):	
Applicant; Employer Address:	Applicant; Length of Employment:
Spouse (or Other Qualifying Adult); Current Employer (if Retired, Former Business or Profession):	
Spouse (or OQA); Employer Address:	Spouse (or OQA); Length of Employment:



Ville D'Or Condominium Association Inc.

RULES AND REGULATIONS

Financial Information			
Bank:	Bank Address:		
Bank Account #:	Account Type:	Checking	Savings
Credit Reference 1; Name:	Address:	Phone #:	
Credit Reference 2; Name:	Address:	Phone #:	
Have you ever filed for bankruptcy?	Yes	No	

Personal References		
Ref. 1 Name:	Address:	Phone:
Ref. 2 Name:	Address:	Phone:

Emergency Information		
In Case of Emergency, Please Notify:		
Name:	Address:	Phone:
Name:	Address:	Phone:

Vehicle Information (Motorcycles are prohibited)				
Make/Model:	Year:	Color:	License Plate #:	State:

Acknowledgement

I (We) acknowledge receipt of a copy of the Documents and Rules and Regulations of the Association and agree to abide by them and those additionally promulgated by the Board of Directors hereafter. Copies of all Condominium Documents are available from [Ville D'Or Condominium Association, Inc.](#)

I (We) understand that the Board of Directors of [VILLE D'OR CONDOMINIUM ASSOCIATION, INC.](#) may cause to be instituted an investigation of my [National Research Group](#) to make such investigation and agree that the information contained in this and the attached application may be used in said investigation, and the Board of [VILLE D'OR CONDOMINIUM ASSOCIATION, INC.](#) itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I (We) are aware that the decision of the [VILLE D'OR CONDOMINIUM ASSOCIATION, INC.](#) will be given for any action taken by the Board of Directors. I (We) agree to be governed by the determination of the Board of Directors.

_____	_____	_____	_____
Applicant Signature	Date	Co- Applicant Signature	Date
_____	_____	_____	_____
Applicant Signature	Date	Co- Applicant Signature	Date
_____	_____	_____	_____
Applicant Signature	Date	Co- Applicant Signature	Date
_____	_____	_____	_____
Applicant Signature	Date	Co- Applicant Signature	Date



Ville D'Or Condominium Association Inc.

RULES AND REGULATIONS

Please initial on the line provided to the left of each regulation to verify acknowledgement to the terms.

- _____ 1. No owner or tenant shall occupy a unit until the Board has acted upon the application submitted.
- _____ 2. All restrictions contained in Article IX of the Condominium Declaration, hereto attached, are to apply. In addition, all tenants and their guests must comply with the following Rules and Regulations, and the Board reserves the right to terminate a lease and evict any tenant violating any provision of these.
- _____ 3. All sales and rentals are subject to the approval of the Board of Directors. Applications will be submitted on a form approved by the Board, will be signed by the applicant(s) and unit owner personally, and not by his or her agent, and will be accompanied by a signed receipt of a copy of the Association's Rules and Regulations, together with a copy of any proposed lease. **MONTHLY MAINTENANCE FEES ON THE UNIT MUST BE CURRENT PRIOR TO BOARD APPROVAL OF A SALE OR LEASE.** Monthly dues can be included in sale contract to be paid at closing, including late fees.
- _____ 3a. All sales and lease applications must be accompanied by a **\$100 NON-REFUNDABLE PROCESSING FEE FOR EACH APPLICANT**, other than husband/wife, or parent/dependent child.
- _____ 3b. An investigative background inquiry will be performed on all sales applicants. The appropriate authorization form will become an attachment to the sales application.
- _____ 4. Applications will be acted upon within **TEN (10) DAYS** from the date of submission to the Board and will be approved or disapproved by two members of the Board and/or one Board Member and Condominium Manager.
- _____ 5. No more than two (2) leases per calendar year are permitted and **NO** sub-lease or assignment of a lease shall be made by a unit owner or tenant. Leasing or renting of a unit by an owner (directly or through an agent), for a period less than sixty (60) days is prohibited.
- _____ 6. **NO MORE THAN FOUR PERSONS SHALL OCCUPY A UNIT.** A guest occupying a unit for more than two weeks shall be deemed to be a permanent occupant. No change in the names or number of occupants as set forth in the original application is permitted without the prior approval of the Board.
- _____ 7. All owners and tenants must abide by all Charlotte County Laws, Florida Statutes, and no pets, other animals, hot tubs, spas or waterbeds are allowed in a unit or common area.
- _____ 8. Parking spaces are limited common elements and are available for the use of unit owners, and tenants. One parking space is assigned to each unit, and additional spaces are provided for guest parking and/or a second car. Only two cars per unit are permitted. Motor homes and vehicles with identification inscribed thereon are prohibited, as are recreational vehicles. All vehicles shall be in good running condition and properly licensed. Unit owners or tenants shall not store a motor vehicle in the parking areas, or occupy a space assigned to another unit. All vehicles must park head in to always display license plates. Any violation of the parking rules, after due notice to the owner or tenant, will subject the vehicle to immediate towing at the car owner's expense.
- _____ 9. Discarded items too large for the dumpster must be discarded by the owner or tenant. Contact local Governmental Agencies for proper disposal procedures. **COST IS TO BE BORNE BY THE OWNER OR TENANT.**
- _____ 10. No laundry or other material is to be hung on the exterior of the building or in a common area. Use of laundry facilities is restricted to owners/tenants residing in a unit.
- _____ 11. No bicycle riding, skates, skateboards or tricycles allowed on the Ville D'Or Condominium sidewalks.
- _____ 12. Unit owners are responsible for the conduct of real estate agents or brokers employed by them, and have a duty to ensure that any such agent or broker is provided with a copy of the rules and regulations adopted by the Board of Directors, as well as a copy of the application form currently in use.



Ville D'Or Condominium Association Inc.

RULES AND REGULATIONS

Acknowledgement

I (We) acknowledge reading the Rules and Regulations of [Ville D'Or Condominium Association Inc.](#) and I (we) agree to abide by them.

_____ Owner Signature	_____ Owner Printed Name	_____ Date
_____ Tenant Signature	_____ Tenant Printed Name	_____ Date
_____ Tenant Signature	_____ Tenant Printed Name	_____ Date
_____ Tenant Signature	_____ Tenant Printed Name	_____ Date
_____ Tenant Signature	_____ Tenant Printed Name	_____ Date



Ville D'Or Condominium Association Inc.

BACKGROUND INQUIRY RELEASE

Background Inquiry Release (B.I.R.)

***** THIS B.I.R. FORM MUST BE FILLED OUT FOR EVERY ADULT APPLICANT *****

I understand that an investigation background inquiry is to be made on myself, including but not limited to verifying identity and prior addresses, checking criminal history, driving history, and credit histories, education verification, licensing verification, prior employment verification, checking reason(s) for termination of prior employment, requesting work and other references, as well as checking and verifying other relevant information.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, private and other sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance, as well as other information.

I authorize, without reservation, any company, agency, party, or other source contacted to furnish the above information. I also hereby consent to the retrieval of the above information and I further understand that to aid in the proper identification of my files or records, I am willingly providing the following information, as well as any other information that may be required and/or requested at a later date.



I AGREE to the B.I.R. Terms.

Initial of Applicant: _____

Please Type or Print Clearly (include Maiden Name and/or Other Names Known By)			
FULL LEGAL NAME; First:	Middle:	Last:	
Social Security Number:	Date of Birth:		
Driver's License Number:	State of Issue:		
Current Street Address:	City:	State:	Zip:
Move-In Date:	Move-Out Date:		

Prior Residence Addresses For The Last 7 Years - Please Use the Reverse Side if Additional Space is Required - Please Signify With An Arrow.				
Prior Address 1:	City:	State:	Dates - From:	to:
Prior Address 2:	City:	State:	Dates - From:	to:
Prior Address 3:	City:	State:	Dates - From:	to:
Prior Address 4:	City:	State:	Dates - From:	to:

Signature of Applicant

Please sign with FULL LEGAL NAME

Date