

**BELLA VILLINO COMMUNITY ASSOCIATION, INC.**

c/o Florida Gulfside Properties  
4100 Central Sarasota Pkwy, Sarasota, FL 34238  
Tel: 941-918-9228 Fax: 941-918-8630  
Email: [leasing@bellavillino.com](mailto:leasing@bellavillino.com)

**APPLICATION FOR LEASE OF UNIT**

A non-refundable fee of \$100.00 fee, per applicant (18 years of age and above), must accompany this application. Make payable to FLORIDA GULFSIDE PROPERTIES in the form of a CASHIER'S CHECK or MONEY ORDER. The undersigned proposes to lease the condominium commonly known as:

Address: \_\_\_\_\_ Unit # \_\_\_\_\_ Phase \_\_\_\_\_  
to (Lessee): \_\_\_\_\_

and hereby applies for approval of this lease by the Bella Villino Condominium Association, Inc. to which the following information is submitted.

**1. HOMEOWNER'S INFORMATION:**

Owners Name \_\_\_\_\_

Address of unit being rented : \_\_\_\_\_

Mailing address of owner: \_\_\_\_\_

Owner home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Owner fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**2. LESSEE'S INFORMATION:**

Lessee's Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Lessee's SSN: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_

Lessee's DOB: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_

Lessee's Dr. Lic.# \_\_\_\_\_ Spouse's Dr. Lic.# \_\_\_\_\_

**Other persons who will occupy the unit with you (under age 18):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CURRENT ADDRESS:**

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Rental Community \_\_\_\_\_ Phone # \_\_\_\_\_ Rental Amount \_\_\_\_\_ How Long? \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Current Employer \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Your Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_ Business Phone # \_\_\_\_\_

***Spouse's Information:***

Current Employer \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Spouse's Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_ Business Phone # \_\_\_\_\_

Other Income (Child Support, Alimony, etc.) \$ \_\_\_\_\_ Income from Assets \$ \_\_\_\_\_

**3. LEASE INFORMATION:**

Lease Term: From: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ To: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Rent Amount: \$ \_\_\_\_\_/month

Have you ever had any eviction, foreclosure or bankruptcy? \_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_\_\_

**4. VEHICLE INFORMATION: How many: \_\_\_\_\_**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ License: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ License: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ State: \_\_\_\_\_ License: \_\_\_\_\_

**5. PETS:**

BV I, BV III: Only one (1) pet allowed.

BV II, BV IV, BV V, BV VI: Only two (2) pets allowed.

Pets must be on a leash at all times and lessee is responsible for waste disposal.

Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_ Weight \_\_\_\_\_

Type \_\_\_\_\_ Weight \_\_\_\_\_

**6. RENTAL COMPANY INFORMATION:**

Name of Rental Company: \_\_\_\_\_

Address \_\_\_\_\_

Agent's office phone # \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

**7. RULES AND REGULATIONS:** You agree to provide any further information that may be reasonably requested by the Board. Please read and initial spaces below acknowledging receipt and having read:

I have read and received a copy of the Rules and Regulations of Bella Villino Condominium Association, Inc. and understand my responsibilities as a renter. \_\_\_\_\_

I agree to abide by the provisions of said documents and waive my right to any protest. \_\_\_\_\_

Units are to be rented for a six (6) month minimum.

No subleasing or assignment of lease rights by the lessee is permitted.

Please initial that you understand and agree to the following:

\_\_\_\_\_ Children under the age of 14 years must be accompanied by an adult at the pool.

\_\_\_\_\_ Commercial/Recreational vehicles, trailers, boats and campers are prohibited.

\_\_\_\_\_ Condominiums are for single family occupancy and no "business" may be operated in the unit.

**AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS SEARCH, RENTAL HISTORY AND EMPLOYMENT VERIFICATION**

I hereby authorize Bella Villino to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluation of my credit. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made. I hereby expressly release Florida Gulfside Properties, Bella Villino Condominium Association, Inc. and all providers of information from any liability what-so-ever in the use, procurement, or furnisher of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this state.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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**\*\*\* ACTION BY BOARD OF DIRECTORS OF BELLA VILLINO COMMUNITY ASSOCIATION \*\*\***

Date: \_\_\_\_\_

Approved:

Disapproved:

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Printed Name

**ACTION BY BOARD OF DIRECTORS OF BELLA VILLINO \_\_\_\_ CONDOMINIUM ASSOCIATION:**

Date: \_\_\_\_\_

Approved:

Disapproved:

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Printed Name

**RETURN TO: Florida Gulfside Properties, 4100 Central Sarasota Pkwy. Sarasota, FL 34238 along with the completed lease and an application fee of \$100.00, per applicant over the age of 18, made payable to FLORIDA GULFSIDE PROPERTIES in the form of a CASHIER'S CHECK or MONEY ORDER.**