

**Village Oaks  
Condominium Association, Inc.**

**PLEASE ALLOW FOURTEEN (14) BUSINESS DAYS FOR PROCESSING**

APPLICATION FOR (check one)  RENTAL/LEASE  SALE/PURCHASE

**An application to lease or purchase a unit at Village Oaks condominiums shall be considered incomplete if the application is not completed in its entirety or if the appropriate transfer fee for the unit is not paid in full. An application for the lease or purchase of a unit will not be reviewed for approval or denial until a complete application is received by the Association.**

A copy of the lease or sales agreement must be attached to this application. A **\$100.00 NON-REFUNDABLE transfer fee, per applicant**, as defined by Section 718.112(2)(i), Florida Statutes, must be paid to the Association. For the purposes of determining the number of applicants, a husband/wife or a parent/dependent child is considered to be one applicant. Two unrelated adults are considered two separate applicants.

THE FOLLOWING INFORMATION MUST BE LEGIBLY PRINTED:

Unit Address & Unit # \_\_\_\_\_ Term of Lease / Closing date \_\_\_\_\_

Applicant Name (Print) \_\_\_\_\_ Spouse (Print): \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Present Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Landlord/Mortgage: \_\_\_\_\_ Bank (local) \_\_\_\_\_

Employer: \_\_\_\_\_ Phone # \_\_\_\_\_ Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

References: Name, Address & Phone # (other than family or Real Estate Agent) Preferably Local: \_\_\_\_\_

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**\*\*\*\*\*TENANTS ARE NOT PERMITTED TO HAVE PETS\*\*\*\*\***

Real Estate Agent: \_\_\_\_\_ Pets: (cat, dog, bird) \_\_\_\_\_ Type: \_\_\_\_\_ Number \_\_\_\_\_

Vehicle Information:

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

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

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of additional persons to Occupy Premises (give ages if under 18): \_\_\_\_\_

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**AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORD, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION**

I agree to hold harmless Village Oaks Condominium Association, Inc., Argus Property Management, Inc., and all providers of information on the prospective owner(s)/tenant(s) stated above. The Association reserves its rights to take any and all action necessary if it is determined that the information provided to the Association in this application is found to be misleading and/or false regardless of whether such determination is made before or after my date of occupancy and/or date of closing.

The undersigned applicant hereby authorizes the release of public records, credit report, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to Argus Property Management, Inc., as agent of the Village Oaks Condominium Association, Inc.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following acknowledgements on this Page 3 of this application **MUST ONLY** be completed by the owner of unit to be leased and all prospective lessees of that unit (applicants) as part of the complete rental application.

**Acknowledgment of Review of Association Documents**  
**For Prospective Lessees of a Unit**

I acknowledge that I have received and read a **full and complete copy of all** the Association's Documents (Declaration of Condominium, Articles of Incorporation, and Bylaws), including the Rules & Regulations and understand my responsibilities as a renter/occupant of a unit at Village Oaks Condominium. I agree to fully abide by the provisions of said documents, which include, but are not limited to:

Tenants are prohibited from keeping or permitting a pet in a Unit.

No loud or objectionable noises, obnoxious odors, nuisances or unlawful activities are permitted in a Unit or in the common elements and no use may abridge the rights of other owners or tenants.

Keep garbage or refuse on common property or otherwise obstruct the common elements

The parking restrictions apply. Parking restrictions include, but are not limited to, the prohibition of parking trucks (whether an open or enclosed truck bed), boats campers, trailer, mobile homes, recreational vehicles, vans (other than a van with windows on all four sides and passenger seats behind the driver), commercial vehicles, motorcycles, motor scooters, or golf carts, etc. anywhere on condominium property for a period of more than 2 hours in any twenty-four hour period.

No subletting of Unit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Unit Owner Acknowledgment of Responsibilities and Duties**  
**For Lease of a Unit**

I understand and acknowledge that the Association documents and state law provide that a unit owner shall be held legally responsible for all violations of the Association's governing documents and/or will be held jointly and severally liable for any damage caused by the tenants and/or the guests and invitees of the tenants. I understand and acknowledge that it is a violation of the Declaration for a unit owner to use the common elements and facilities or the recreational areas or facilities except as a guest of another unit owner or lessee during the occupancy of a unit by a tenant. I also understand and acknowledge that a unit **may not** occupied prior to the Association's determination of approval/denial which shall be made within **fifteen (15) days** of the Association's receipt of a completed application and that a unit may not be leased for a term less than **ninety (90) days** or more than **twice** in any calendar year.

Unit Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following acknowledgement on this Page 4 of this application **MUST ONLY** be completed by the owner of unit to be sold and all prospective purchases of the unit (applicants) as part of the complete sale/purchase application.

**Prospective Purchaser Acknowledgment of Responsibilities and Duties**  
**For Purchase of a Unit**

I acknowledge that I have received and read a **full and complete copy of all** the Association's Documents (Declaration of Condominium, Articles of Incorporation, and Bylaws), including the Rules & Regulations and understand my responsibilities as a prospective purchaser of a unit at Village Oaks Condominium. I further understand and acknowledge that if I purchase a unit at Villages Oaks Condominium, I will be bound by all restrictions and/or requirements contained in the documents which govern the condominium.

Prospective Purchaser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prospective Purchaser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Unit Owner Acknowledgment of Provision of Association Documents**  
**To Prospective Purchaser of a Unit**

I acknowledge that I have provided a **full and complete copy of all** the Association's Documents (Declaration of Condominium, Articles of Incorporation, and Bylaws), including the Rules & Regulations to the prospective purchasers of my unit

Unit Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**ASSOCIATION USE ONLY**

**CIRCLE ONE:**

Approve/Disapprove by \_\_\_\_\_ Date: \_\_\_\_\_

Approve/Disapprove by \_\_\_\_\_ Date: \_\_\_\_\_

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# AUTHORIZATION TO PERFORM BACKGROUND INVESTIGATION

Case file # \_\_\_\_\_ TAGS Special Service - Background Investigative Services.

In compliance with The Public Law 91-508 of The Fair Credit Reporting Act, as amended by Public Law 104-208 of The Consumer Credit Reporting Act, and applicable state law, this notice is to inform you that this company may obtain a consumer report or reports in connection with the above noted case and for other investigative reasons.

Consumer reports include but are not limited to credit reports, criminal background checks, department of Motor vehicle records, and investigative consumer reports. An investigative consumer report contains information of your character; general reputation, personal characteristics, or mode of living which has been obtained through personal interviews with neighbors, friends, or associates or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.

By signing below I \_\_\_\_\_ authorize this company to obtain a  
Print name of applicant  
Consumer report or an investigative consumer report in connection with my employment, or tenancy as set forth herein.

X \_\_\_\_\_  
Signature of Applicant Date

CLIENT (person or company requesting consumer credit report) \_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Name of Company Signature

PURPOSE OF INVESTIGATION \_\_\_\_\_

SUBJECTS NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH MONTH \_\_\_\_ / DAY \_\_\_\_ / YEAR \_\_\_\_\_

ADDITIONAL INFORMATION/COMMENTS \_\_\_\_\_

NOTE: THIS FORM MAY NOT BE COPIED OR UTILIZED FOR ANY PURPOSE WITHOUT THE EXPRESS PERMISSION OF TAGS SPECIAL SERVICES- INVESTIGATIONS A-9900343FL