

**CAPRI WEST CONDOMINIUM ASSOCIATION, INC.**

c/o Argus Management of Venice, Inc.  
1062 E. Venice Ave. – Venice, FL 34285  
Office: (941) 408-7413 ~ Fax: (941) 408-7419

**RENTAL APPLICATION**

**THREE MONTH MINIMUM ON RENTALS**

**THERE IS A \$100.00 NON-REFUNDABLE SCREENING COMMITTEE FEE FOR ALL APPLICANTS  
MAKE CHECK PAYABLE TO CAPRI WEST CONDOMINIUM ASSOCIATION, INC.**

**NOTICE: All applicants must have a personal interview before Board approval for occupancy**

The following information is pertaining to the RENTAL at: \_\_\_\_\_

Rental Period From: \_\_\_\_\_ to: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner can be reached at: \_\_\_\_\_

Renter's Name: \_\_\_\_\_

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

# of Occupants: \_\_\_\_\_ Age of Children: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. #: \_\_\_\_\_

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

Year, Make & Color of Vehicle(s): \_\_\_\_\_

**NOTE: NO PETS ALLOWED**

I/We understand and agree to observe all rules, regulations and restrictions contained in the Association "Rules and Regulations" as well as any other condominium rules that may be established by the Board of Directors. Any violation of the terms, provisions, conditions and covenants of Capri West Condominium Association documents provides cause for available immediate action as therein provided or termination of the leasehold under appropriate circumstances. The renter(s) acknowledge having read the above-mentioned rules, regulations and restrictions by signing in the space provided below:

Signed: Renter: \_\_\_\_\_ Date: \_\_\_\_\_

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

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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The Board has been notified that the above unit will be occupied by a renter.

**BOARD ACTION:** Approved: \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

Fee Paid \_\_\_\_\_ Amount \_\_\_\_\_ Check# \_\_\_\_\_