

GolfVista Condo Association Inc.

Managed by Argus Management of Venice Inc., 1062 E. Venice Ave, Venice, FL 34285
Tel: 941.408.7413 Fax: 941.408.7419 Email: frontdesk@argusvenice.com

RENTAL APPLICATION

(Must be submitted 20 days prior to occupancy date for each Rental period)

PLEASE PRINT

GOLFVISTA UNIT No.: _____ Owner(s) Name: _____ Tel: _____

Owner(s) Current Address: _____

Renter(s) Name: _____ Tel: _____

NOTE: There is a One-Time Fee of \$100 for a new Renter payable to GolfVista Condominium Association. If you have previously rented at GolfVista, please provide date of that rental: _____

Renter(s) Current Address: _____

Renter(s) Email Address: _____

Renter(s) Emergency Contact: _____ Tel: _____

Rental Period: From: _____ To: _____

**Units acquired prior to 22nd January 2021 require a 3-month minimum rental period.
Units acquired after 22nd January, 2021 cannot be rented for the first 24 months of Ownership and thereafter are limited to a 3-month minimum to 6-month maximum rental in any 12-month period.**

No. of Children & Ages: _____

Vehicle(s):

1. Make: _____ Licence Plate: _____

2. Make: _____ Licence Plate: _____

Emergency Contact: _____ Telephone: _____

NO PETS ALLOWED

By signing this application, the Owner(s) acknowledge a copy of GolfVista's Rules and Regulations has been provided to the above-named Renter(s).

By signing this application, the Renter(s) acknowledge that a copy of GolfVista's Rules and Regulations has been provided and all contained therein is understood.

It is also understood that pets are NOT allowed in the condo or on GolfVista property at any time.

***Please Note:** Service Animal and Emotional Support animal paperwork MUST be submitted with this application if applicable.

Renter(s) Signature: _____

Owner(s) Signature: _____

Rental Agency (If Any): _____ Telephone: _____

BOARD ACTION: APPROVED: _____ DENIED: _____ DATE: _____

Signature & Title: _____