

L'PAVIA CONDOMINIUM ASSOCIATION, INC.

A Corporation Not-for-Profit
C/O Argus Management of Venice, Inc.
1062 East Venice Avenue, Venice, FL 34285
Phone: 941-408-7413 ~ frontdesk@argusvenice.com

Rental Application Requirements

The following general requirements apply to all rental applications, including renewals, submitted for review and processing by Argus Management of Venice office.

- 1) It is each Owner(s)'s responsibility to verify the use of **current** application each time. To do so go to the website: ArgusVenice.com or contact the office.
- 2) There is a **\$100 (non-refundable)** rental application fee. The fee is required for each first-time rental per tenant, per unit. **If this is a repeat tenant that has already paid fee, for the same unit; within the year of initial rental, no additional application fee will be required.**
****RENEWALS USE DIFFERENT FORM.****
- 3) **The Board of Directors requests all applications submitted 30 days prior to the start of the lease. Applications are processed in the order they are received.** Any requests to "expedite" or "rush" will not permit. Contracts/agreements should reflect the **exact start date** that is on or after the required processing time. **Applicants are not permitted to move in prior to Association approval.**
 - a. Background check fees are **\$49 per person* for each listed applicant(s)**, over the age of eighteen; ***non-U.S. Citizens fees are \$59 per person.**
 - b. Background check(s) processed on a first-time renter(s) and repeat renters who have a year or more lapse in renting.
 - c. Repeat renters who have rented year to year without interruption will not need to redo background checks. The background inquiry release form is on page 4 and required to be filled out for each applicant.
- 4) **The application form must be completed in its entirety.**
 - a. **Any missing information and/or documentation will result in the application being delayed or denied. Application will be returned to the owner or Agent to have corrected/completed.**
 - b. **If an item is not applicable, it must be marked as "N/A", lines left blank are not acceptable.**
 - c. **NOTE: If for any reason the application is returned for additional information, corrections, or missing documentation, it may cause a delay in the approvals and the scheduled start date.**
- 5) All documents and fees required in the office, prior to the background check(s) processed and Board's approvals issued. **Please make a check payable to: L' Pavia Condominium Association, Inc. Cash not accepted under any circumstances as payment for an application fee.**
- 6) **Copies of required documentation**, such as the contract for lease, driver's license, passport/visa/Permanent Resident Card etc. or any other required documentation **must be clearly legible.** Otherwise, the application won't be processed and returned for completion.
- 7) Only valid residential lease agreements that are clearly legible and signed by all parties are acceptable. An agreement to enter a lease or memo to enter a lease is not a valid lease contract and are not acceptable.

Owner(s) Signature & Date

Tenant(s) Signature & Date

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RENTAL APPLICATION

A check in the amount of \$100 (non-refundable) must be submitted at the time the rental application has been submitted for Board review.

A check in the amount of **\$49 per person** each applicant (over 18 years old), **\$59 per person if non-U.S. Citizen** made **payable to: L'Pavia Condominium** and a **copy of the lease agreement** must be submitted with this form **as requested by the Board at least 30 days prior to the start of the lease as well as the complete background inquiry form.**

Failure to submit all required items will result in an incomplete application which will not be processed.
All incomplete applications are automatically denied.

****THIS FORM IS NOT FOR EXTENTIONS, RENEWALS OR RETURN RENTERS WITHIN THE YEAR****

Rental Property Address: _____ Repeat Renters of this unit? _____
Owner's Name: _____ Phone: _____ Email: _____
Realtor/Agent: _____ Phone: _____ Email: _____

Exact Rental Dates: From _____ to _____

Upon completion of the lease, the renter must reapply and get board approval to get another three month or longer lease. Month-to-month rentals are not allowed.

Lessee (Print) _____ Social Security # _____ DOB: _____

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Lessee's Email: _____ Lessee Contact # _____

Current Address: _____ City: _____ State: _____ Zip: _____

How long? _____ If less than 2 years, prior address: _____

Cell: _____ Work: _____ E mail: _____

Name and ages of ALL Occupants:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Number of vehicles to be parked at this address, _____ not more than two (2) allowed. List the following information for each:

Year: _____ Make: _____ Model: _____ Color: _____ State: _____ Plate # _____

Year: _____ Make: _____ Model: _____ Color: _____ State: _____ Plate # _____

NO "Unregistered" vehicles are allowed on property.
Owner and Renter must initial all items to show understanding and agreement.

**Owner's
Initials**

**Renter's
Initials**

_____ I understand that I/We are renting for **NO LESS THAN THREE MONTHS**
 _____ Units may not be sublet. _____

_____ Children under 18 years of age must be accompanied by an adult at the pool. _____

_____ Commercial/Recreational vehicles, trailers, cargo vans, boats, campers, modified _____
 _____ vehicles and vehicles with more than four wheels are prohibited. Motorcycles must be _____
 _____ parked in the enclosed garage. _____

_____ Absolutely no pets of any kind are allowed. _____

_____ Residence is for single family occupancy only. "Single family" means one person _____
 _____ or a group of two or more persons living together and interrelated by bonds of _____
 _____ consanguinity, marriage, or legal adoption, or not more than three persons living _____
 _____ together who may or may not be interrelated. _____

_____ **Renter has full use of the garage.** _____

_____ Renter is or is not allowed (circle one) to smoke in the unit and in the garage. Renter _____
 _____ **IS NOT ALLOWED TO SMOKE IN THE LANAI OR ON THE STAIRS** _____

_____ Renter has read and understands the L Pavia Handbook. _____

_____ **I agree to abide by the Association Declaration, its By-Laws, & Rules and _____**
 _____ **Regulations.** _____

_____ **A copy of the documents has been provided to me by the owner of the unit.** _____

I/We hereby authorize the Association's Agent to request a consumer report from one of the consumer reporting agencies in considering the Application. I/We also understand that any information will be held in strict confidence. Upon applicant(s) request we will inform applicant(s) of the name and address of each consumer reporting agency from which we obtained a consumer report, relating to the applicant(s). I/We understand that such information may include, but 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/We 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 this application is made. I/We hereby expressly release L'Pavia Condominium Association, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnisher of such information, and understand that my application may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.

Lessee Signature: _____ Date: _____

Lessee Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

**** Board Use Only ****

Approved: _____ Denied: _____; Reason for Denial: _____

Signature: _____ Title: _____ Date: _____



National Research Group

BACKGROUND CHECKS



Applicant or Employee - 2019

01-01-19

APPLICANT'S or EMPLOYEE'S AUTHORIZATION for The National Research Group Inc.
to Conduct Individual Background Searches and Verifications



BACKGROUND INQUIRY RELEASE

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

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.

PLEASE PRINT CLEARLY

> Include Maiden Name and/or Other Names Known By

FULL LEGAL NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE OF ISSUE: _____

CURRENT ADDRESS: _____ Dates: _____

CITY-STATE-ZIP: _____

PRIOR ADDRESS: _____ Dates: _____

CITY-STATE-ZIP: _____

Please Provide ADDITIONAL PRIOR RESIDENCE ADDRESSES For The **LAST 10 YEARS** - Include All Dates of Residence

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Please Use Reverse Side If Additional Space is Necessary

Please **SIGN**
With Full Legal Name and Date:

APPLICANT'S SIGNATURE: _____ Date: _____