



Address & Unit#: \_\_\_\_\_

Check # \_\_\_\_\_ Received By: \_\_\_\_\_

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

**APPLICATION TO RENT/LEASE**

**NO OLDER OR OTHER VERSIONS OF APPLICATIONS WILL BE ACCEPTED**

**All applications must be received 30 days prior to planned lease start date.**

*This application has been designed to maintain Osprey Harbor Village Condominium Association Inc.'s fine reputation and integrity.*

**A MINIMUM STAY OF 30 DAYS IS REQUIRED FOR ALL LEASES/RENTALS.**

- \* There is a \$100.00 non-refundable fee **PER** applicant. Make check payable to **Osprey Harbor Village Condominium Association**
- \* Attach a copy of the Lease Agreement and driver's licenses.
- \* Background check (**page 4**) must be completed by each applicant as part of this application.
- \* There will be NO occupancy of Unit until all fees are paid and the application is approved.
- \* Pets: Tenants are NOT permitted to have any pets in the leased Unit or on Association property.
- \* Applications may be submitted at 14001 Bellagio Way, Osprey, FL 34229

**Owner's Information**

Owner's Name: \_\_\_\_\_ Address and Unit #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Scheduled Rental Period: Arrival: \_\_\_\_\_ through Departure \_\_\_\_\_

**Applicant's Information**

Name of Applicant: \_\_\_\_\_ Name of Co-Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**Rental or Real Estate Agent**

Agent Name \_\_\_\_\_ Phone \_\_\_\_\_ Agents Email: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Address: \_\_\_\_\_

**Vehicle Information**

Vehicle 1: Make/Model/Year: \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

Vehicle 2: Make/Model/Year: \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_

**Who Will Occupy Unit?**

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

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

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

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

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

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**To be Signed by Applicant:**

*Initials are required by each applicant.*

\_\_\_\_\_(Initial) The undersigned hereby grants permission to the Board of Directors of Osprey Harbor Village Condominium Association, Inc. to review the above information. I HEREBY AGREE THAT IF THIS APPLICATION IS APPROVED, I AND ALL PERSONS OCCUPYING THIS UNIT WILL CAREFULLY COMPLY WITH THE RULES & REGULATIONS of Osprey Harbor Village Condominium Association, Inc. I understand that action will be taken on this application, and I will be notified of the result within 20 days of receipt.

\_\_\_\_\_(Initial) The use of each condominium unit shall be limited to single-family residential usage.

\_\_\_\_\_(Initial) Only 2 cars permitted per unit.

\_\_\_\_\_(Initial) I have received, reviewed, and agree to follow all rules and regulations governing Osprey Harbor Village Condominium Association, Inc.

\_\_\_\_\_(Initial) ***I understand renters may NOT have any pets in the Unit or on Association property.***

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

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Owner's Affirmation of Complete Application**

I/WE, \_\_\_\_\_ the owner (s) of address \_\_\_\_\_ Unit # \_\_\_\_\_

have agreed to rent my Unit to: \_\_\_\_\_

for the effective dates: \_\_\_\_\_

As condition of approval of the above application, I/WE

- 1.) I understand that the governing documents regarding residency in Osprey Harbor Village contain certain restrictions, and in the event this application is approved, I hereby agree to abide by ALL the restrictions contained in such documents and the Rules, and guests agree to abide by such restrictions and the Rules.
- 2.) I agree that failure to abide by the terms of the Association Documents may result in legal proceedings by the Association to enforce the provisions of such Documents, including but not limited to eviction from the premises.
- 3.) I hereby provide the association with a copy of the executed Lease/Rental Agreement.

Date: \_\_\_\_\_ x \_\_\_\_\_ (Owner Signature)

**FOR OFFICE USE ONLY:**

Under penalty of perjury, the undersigned certified that the foregoing information is true and correct.

Date \_\_\_\_\_ LPM Associate: \_\_\_\_\_

**ACTION TAKEN BY DIRECTORS:** Osprey Harbor Village Condominium Association, INC.

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ By: \_\_\_\_\_

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



# 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: \_\_\_\_\_