

**Sorrento Villas Section 5  
Condominium Association, Inc  
Argus Management of Venice, Inc.  
1062 E. Venice Avenue, Venice, FL 34285  
Office: (941) 408-7413 Fax: (941) 408-7419  
[www.argusvenice.com](http://www.argusvenice.com)**

**APPLICATION TO PURCHASE/LEASE**

TO: The Board of Directors

I hereby apply for approval to (circle one) Purchase / Rent **UNIT # \_\_\_\_\_** at \_\_\_\_\_ in Sorrento Villas, Sections 5, Condominium Association, Inc. A complete copy of the signed Purchase / Lease Agreement is attached.

To facilitate consideration of this application, I(We) represent that the following information is factual and correct and agree that any falsification or misrepresentation in this application will justify its disapproval. I(We) consent to your further inquiry concerning this application, particularly of the reference given below.

- Background Inquiry form (**page 3**) Each applicant must fill out a separate form.
- Fee of \$100.00 for US applicant for background report
- Fee of \$150.00 for Canadian applicant for background report
- Fee of \$100.00 International applicants are required to provide a complete copy of each **VISA**
- Check Made Payable to: Sorrento Villas, Section 5, Condominium Assn. Inc.

**NOTE: SIX MONTHS MINIMUM ON RENTALS**

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION ENTIRELY**

**HOMEOWNER INFORMATION**

PRESENT OWNER(S): \_\_\_\_\_ EMAIL: \_\_\_\_\_  
AGENCY NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
REALTOR/AGENT: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PURCHASE PRICE: \$ \_\_\_\_\_ CLOSING DATE: \_\_\_\_\_  
OR LEASE DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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**APPLICANT INFORMATION**

FULL NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
SPOUSE/CO-OCCUPANT: \_\_\_\_\_ CONTACT HONE#: \_\_\_\_\_  
CURRENT ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
LEGAL ADDRESS (IF DIFFERENT): \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
WILL THIS UNIT BE LEASED BY PROPOSED OWNER? \_\_\_\_\_ YES \_\_\_\_\_ NO  
EMPLOYER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
IF RETIRED ~ PREVIOUS OCCUPATION: \_\_\_\_\_  
PURCHASE FOR OWNER OCCUPANCY: \_\_\_ FULL-TIME \_\_\_ PART-TIME OR \_\_\_ RENTAL  
NAME OF CURRENT OF MOST RECENT LANDLORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNERSHIP: HOW LONG \_\_\_\_\_ RENTED: HOW LONG \_\_\_\_\_

CONTACT IN CASE OF EMERGENCY (OTHER THAN OCCUPANTS): \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

The Documents of the Association provide an obligation of unit owners/lessees that all units are to be used as a single-family residence only. Please state the name, relationship, and ages of persons who will be occupying the unit on a regular basis.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

VEHICLE INFORMATION NUMBER OF VEHICLES TO BE KEPT ON THE PROPERTY: \_\_\_\_\_

MAKE/MODEL OF VEHICLE: \_\_\_\_\_ YEAR: \_\_\_\_\_

COLOR: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_

MAKE/MODEL OF VEHICLE: \_\_\_\_\_ YEAR: \_\_\_\_\_

COLOR: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_

Mailing address for notices connected with this application:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

I(We) have read, and agree to abide by, the Declaration of Covenants, Conditions and Restrictions for the Association, the By-Laws and all properly promulgated Rules & Regulations.

**SELLER(S)/LESSER(S)**

\_\_\_\_\_ Signature & Date \_\_\_\_\_ Signature & Date

**PURCHASER(S)/LESSEE(S)**

\_\_\_\_\_ Signature & Date \_\_\_\_\_ Signature & Date

**FOR APPROVAL TO BE ISSUED, THE COMPLETED APPLICATION, APPLICATION FEE, BACKGROUND INQUIRY FORM, VISA, AND A COPY OF THE SIGNED SALES/LEASE CONTRACT MUST BE RETURNED TO:**

Argus Management of Venice, Inc.  
1062 East Venice Avenue  
VENICE, FL 34285

**PLEASE ALLOW UP TO TEN (10) BUSINESS DAYS FOR APPROVAL**

**ACTION TAKEN BY BOARD OF DIRECTORS**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied Date: \_\_\_\_\_

By: \_\_\_\_\_

(Board Member)

(Title/Office)



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