

# AUBURN HAMMOCKS OWNERS ASSOCIATION, INC.

Argus Management of Venice, Inc.  
1062 East Venice Avenue, Venice, FL 34285  
Office: 941-408-7413 ~ Fax: 941-408-7419  
Email: [Frontdesk@argusvenice.com](mailto:Frontdesk@argusvenice.com)

## Rental Application

I/We hereby make an application to the Board of Directors for a 90-day minimum rental.

Rental Property Address: \_\_\_\_\_ Email: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Rental Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Renter(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

If less than two (2) years, prior address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Names and ages of ALL occupants:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

	Make/Model	Color	Year	License #	State
Vehicle # 1	_____	_____	_____	_____	_____
Vehicle # 2	_____	_____	_____	_____	_____

**Please INITIAL that you have read, understand and agree to the following:**

\_\_\_\_\_ Children under 16 years of age must be accompanied by an adult at the pool.

\_\_\_\_\_ Commercial/recreational vehicles, trailers, boats and campers are prohibited.

\_\_\_\_\_ No overnight street parking.

\_\_\_\_\_ Occasional common area parking allowed.

I/ We agree to read and abide by the Covenants, By-Laws, and Rules & Regulations of Auburn Hammocks Owners Association, Inc.

Renter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Renter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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**\*\*Board of Directors Use Only\*\***

Date Board Reviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_