

Enclaves of Venice North Homeowners Association, Inc.

Managed by: Argus Management of Venice, Inc.

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RENTAL APPLICATION

Please print legibly and fill out completely.

The following information is pertaining to the RENTAL of _____

Rental Period: From _____ To _____

Owner's Name: _____ **Contact #:** _____

Mailing Address: _____ **Email:** _____

Renter's Name 1: _____ **Contact #:** _____

Mailing Address: _____ **Email:** _____

Renter's Name 2: _____ **Contact #:** _____

Mailing Address: _____ **Email:** _____

Persons to reside in the unit (including ages of all occupants under age 18)

EMERGENCY CONTACTS NAME & NUMBER (not residing in unit): _____

Vehicle Make: _____ Year: _____ Model/Color: _____ Tag: _____

Vehicle Make: _____ Year: _____ Model/Color: _____ Tag: _____

Do you have pets? ___ Yes ___ No ~ Type/ Breed: _____

Renters understands and agrees to observe all rules, regulations and restrictions contained in the Association documents as well as any other rules that may be established by the Board of Directors.

Renter(1) Signature: _____ Date: _____

Renter(1) Signature: _____ Date: _____

AGENT Contact: _____ Phone: _____

Owner is responsible for ensuring that the owner's tenant(s) obey all the governing documents of the Association.

BOARD ACTION (_____) APPROVED (_____) REJECTED

Signature: _____ Title _____ Date _____