Westchester Gardens Condominium Association, Inc.

C/O: Argus Management of Venice, Inc.
1062 E. Venice Avenue ~ Venice, FL 34285
Office: 941-408-7413 ~ Fax: 941-408-7419
www.argusvenice.com

RENTAL APPLICATION

MINIMUM TIME PERIOD FOR RENTAL IS ONE MONTH

APPLICATION MUST BE RECEIVED IN THE MANAGEMENTS OFFICE, A MINIMUM OF 30 DAYS PRIOR TO ARRIVAL DATE FOR APRPOVAL PROCESSING.

A NON-REFUNDABLE APPLICATION FEE OF $150.00
MUST ACCOMPANY THE APPLICATION

RENTAL ADDRESS: _____ **UNIT#** _____

RENTAL DATES: ARRIVAL _____ **~ DEPARTURE**_____

HOMEOWNER INFORMATION

OWNER(S) _____ OWNER(S) _____
OWNER(S) CONTACT ADDRESS _____ NUMBER _____
NAME OF AGENCY: _____ PHONE: _____
Contact Person _____ Email: _____

LESSEE/RENTER INFORMATION

LESSEE (1) _____ LESSEE (2) _____
CONTACT # _____ WORK # _____
EMPLOYERS NAME: _____
ADDRESS: _____ CITY_____ STATE_____ ZIP _____

NAME AND AGES OF ALL OCCUPANTS AND GUESTS:

NAME _____AGE _____ NAME _____AGE _____
NAME _____AGE _____ NAME _____AGE _____
NAME _____AGE _____ NAME _____AGE _____

VEHICLE INFORMATION:

MAKE/MODEL _____ COLOR_____ YEAR____ LICENSE & STATE_____
MAKE/MODEL _____ COLOR_____ YEAR____ LICENSE & STATE_____

The emergency contact must be someone not residing in the rental location.

EMERGENCY CONTACT: _____ NUMBER: _____

UNIT # _____

EACH LEASEE ~ PLEASE **INITIAL** THAT YOU UNDERSTAND AND AGREE TO THE FOLLOWING:

____/___ CHILDREN UNDER 12 YEARS OF AGE MUST BE ACCOMPANIED BY AN ADULD AT THE POOL

____/____ COMMERCIAL/RECREATIONAL VEHICLES, TRAILERS, BOATS, MOTORCYCLES & CAMPERS ARE PROHIBITED

____/___ CONDOMINIUMS ARE FOR SINGLE FAMLY OCCUPANY ONLY

OWNER/AGENT RESPONSIBILITY:

FOR APPROVAL TO BE ISSUED, THE SIGNED COMPLETED APPLICATION, NON-REFUNDABLE APPLICATION FEE OF $150.00, BACKGROUND INQUIRY FORMS (FOR EACH), COPIES OF VISA OR DRIVERS LICENSE MUST RETURNED TO BE PROCESSED TO:

ARGUS MANAGEMENT OF VENICE, INC.
1062 EAST VENICE AVENUE, VENICE, FL 34285

NOTE: Separate page for Background check to be filled out PER PERSON on lease listed. Included in packet.

I AGREE TO ABIDE BY THE ASSOCIATION DECLARATION OF CONDOMINIUM, ITS BY-LAWS, RULES, AND REGULATIONS.

TENANT SIGNATURE: _____ **DATE:** _____

TENANT SIGNATURE: _____ **DATE:** _____

OWNER SIGNATURE: _____ **DATE:** _____

OWNER SIGNATURE: _____ **DATE:** _____

****BOARD OF DIRECTORS USE ONLY****

APPLICATION APPROVED (_____) DENIED (____)

SIGNATURE: _____ DATE: _____

TITLE: _____

Revised: 06.2026

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: _____