

## Villa Manor Association

### Application for Tenant Occupancy Approval

- This application must be completed in detail by the proposed lessee/occupant and a check from the tenant in the amount of \$100.00 (application fee) must be included.
- All adult occupants must submit a background check form (make copies as necessary).
- **A copy of the Lease must be attached to this application (this form is not a lease).** No lease shall be less than one (1) month or more than twelve (12) months.
- The completed application packet must be submitted to the Association at least twenty (20) days prior to the date of occupancy.
- The unit owner and or the renting agent must provide the lessee with a copy of the Rules and Regulations before occupying any unit in Villa Manor.
- Proof of liability insurance must be attached if a waterbed is taken into the unit.
- No commercial vehicles, boats, trailers, or RVs are permitted on the condominium property. Vehicles must be in operable condition and licensed. Two (2) vehicles are the maximum limit per unit.
- No more than (4) four people may reside within a unit (including children and infants).
- All legal age persons residing in the unit must be Lessees.
- No pets allowed on Villa Manor property or in any unit.
- Tenant interview with the Board is required prior to occupancy.
- Copies of all tenant drivers licenses or State ID cards must be attached.

Name of the Realtor/Agent handling the lease: \_\_\_\_\_

Telephone# \_\_\_\_\_ Email \_\_\_\_\_

Lease Term Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Unit # \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Present Address and Phone: \_\_\_\_\_

Name of Prospective Tenant(s): \_\_\_\_\_

Check Box if a Renewal: ☐

Tenant Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tenant Employer and Phone# \_\_\_\_\_

Does Tenant(s) have a criminal history: Yes No (circle) If yes, please attach explanation.

Other persons occupying the unit:	Age	Relationship
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1. _____	2. _____	
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3. _____	4. _____	
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Type of Vehicle(s):	Make	Model	Year	Color	Tag#
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1. _____					
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2. _____					
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I/We have received and read and hereby agree on behalf of all persons who may occupy the unit which I/we seek to lease (1) to abide by all the restrictions contained in the Condominium Association Documents and Board Rules and Regulations which are or may in the future be imposed by the Association. (2) That I/we must be present when any guests or visitors who are not permanent residents occupy the unit or use the common recreational facilities.

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

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

**Please Return to:** Star Hospitality Management, 26530 Mallard Way, Punta Gorda, FL 33950  
(P) 941-575-6764, (F) 941-575-7968



APPLICANT'S or EMPLOYEE'S AUTHORIZATION for The National Research Group Inc.  
to Conduct Individual Background Searches and Verifications as Requested By The Employer

## BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on myself, including but not limited to identity and prior address(es) verification, criminal history, driving history, credit history, education verification, licensing verification, prior employment verification, reason(s) for termination of prior employment, work and other references, as well as other information.

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 7 YEARS Include Dates of Residence Above and Below

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Please SIGN  
With Full Legal Name and Date:

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



941-488-8500

800-531-6522

941-488-8505