

Villa Gardens Owners Association

Purchase/Lease Application

Interview MUST be completed for all purchases or rentals PRIOR to closing and/or move in – please allow 15 days for processing.

PLEASE USE BLACK INK AND PRINT CLEARLY

Applicant(s) Information:

Unit # _____ Purchase _____ or Lease _____

Applicant Name: _____

Co-Applicant: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Occupation: _____ Co-Applicant: _____

Realtor/Agent: _____ Phone: _____

Other persons who will occupy this unit: (max 4 persons total):

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Have you or any of the listed occupants ever been convicted of a felony? _____

Auto 1: Year _____ Make: _____ Model: _____ Tag #: _____

Auto 2: Year _____ Make: _____ Model: _____ Tag #: _____

Emergency Contact _____

Relationship _____ **Phone #** _____

Please refer to Article IX of Villa Gardens Covenants and restrictions.

Name of proposed mortgagor(s) (if any): _____

Address: _____ City, State: _____ ZIP: _____

Phone: _____ Amount and terms of mortgage(s): _____

IF LEASING – Terms of the lease _____

Bank references: _____

Contact: _____ Phone: _____

Address: _____ City: _____ State/ZIP: _____

Personal references:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Villa Gardens Owners Association Resident Directory Information (please print)

NAME: _____

NAME: _____

VILLA GARDENS address: _____
Code) (ADDRESS) (CITY) (STATE) (Zip)

CHECK THE BOX(S) BELOW IF YOU DO NOT WANT THAT ITEM INCLUDED IN THE DIRECORY

LOCAL TELEPHONE NUMBER: (w/Area code) _____

CELL NUMBER: _____

E-MAIL ADDRESS _____

2nd E-MAIL ADDRESS _____

AWAY ADDRESS _____

EMERGENCY CONTACT PERSON AND PHONE NUMBER (This is extremely important but will not be included in the directory!)

I/WE by providing the above information give consent to be listed in the Villa Gardens Association Resident Directory.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

PLEASE NOTE THAT NO MORE THAN 2 PETS ARE ALLOWED

By signing below, the proposed purchaser(s)/lessee(s) agrees that he/she/they:

- Have read the Association covenants and bylaws and will abide by same.
- Will submit a check payable to Villa Gardens for \$100 for processing this application.
- Purchaser will complete the attached form to initiate monthly automatic ACH withdraws from purchaser's bank account to pay subsequent monthly HOA fees. The completed form and a blank voided check must be included with this application.

Applicant's signature

Co-Applicant's signature

Print Applicant's name

Print Co-Applicant's name

Date

Date

Please return completed application and required checks to:

Communique Association Management
5824 Bee Ridge Road #413
Sarasota, FL 32433

Phone: 941-706-0920 email: Maureen@communiquegmt.com