

# **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: \_\_\_\_\_

Current 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 \_\_\_\_\_

2<sup>nd</sup> 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@communiquemgmt.com](mailto:Maureen@communiquemgmt.com)