

925-937 CAPRI ISLES BOULEVARD VENICE, FL. 34292

Check one: RENTAL\_\_ LEASE: \_\_ GUEST: \_\_ NEW OCCUPANT: \_\_ APPLICATION

Mail to: Communiqué 5824 Bee Ridge Rd #413, Sarasota FL 34233 or

Email: Admin@communiquemgmt.com \$100 SERVICE FEE FOR EACH OCCUPANT

Unit #: \_\_ Owner's Name (s): \_\_ Owner's (s) Telephone: \_\_

Unit Owner's Cell # \_\_ Unit Owner's Email Address: \_\_

Rental/Lease/Guest/New Occupant: DATES: From: \_\_ To: \_\_

## COMPLETE ALL LINES

\*\*MINIMAL LEASE IS TWO (2) CONSECUTIVE CALENDAR MONTHS\*\*

Name of Renter/Lessee/Guest/Occupant(s): \_\_

Current Home Address: \_\_ Date of Birth: \_\_

Email address: \_\_ Social Security #: \_\_

Home Phone #: \_\_ Cell Phone #: \_\_

Name of Spouse or Significant Other in Residence: \_\_

Date of Birth: \_\_ Social Security #: \_\_

Email: \_\_ Cell Phone #: \_\_

Name of all Occupants (ages only if under 18 years):

\_\_ Age \_\_ Age \_\_

\_\_ Age \_\_ Age \_\_

PETS DISCOURAGED OTHER THAN OWNER: Pets restricted to 25 lbs. max. Two pets max.

Year \_\_ Make/Model of Vehicle \_\_ Color \_\_

License Plate # \_\_ State \_\_

Per 2017 Amended, Restated and Adopted Declaration:

\*Smoking is prohibited on or within all Common Elements which is Association Property, as well as on Limited Common Elements which include balconies, courtyards, decks and lanais.

**\*\* Background Checks will be required for all NEW occupants of the Unit with a \$100 service fee for each occupant, if not married, payable to Communiqué by Unit Owner(s) prior to approval for occupancy.*****Make checks payable to Communiqué Mailed with application to 5824 Bee Ridge Rd #413, Sarasota, FL 34233***

Have you ever filed for bankruptcy? \_\_ Yes \_\_ No

Have you ever been convicted of a crime? \_\_ Yes \_\_ No (If yes, provide type of offense, County, State)

\_\_\_\_ Please initial that you have read and agree to abide by the Association Rules and Regulations which have been provided to you by the owner.

Signature of the Applicant: \_\_

Signature of the Owner(s): \_\_

Submitted By: \_\_ Tel #: \_\_ Email: \_\_

Company Name (if applicable): \_\_

APPROVED BY THE ASSOCIATION BOARD OF DIRECTORS AND/OR PROPERTY MANAGER. APPROVAL IS BY A Majority of the BOD. AMI may sign and will notify the Owner.

Signature: \_\_ Title: \_\_

Date: \_\_ Approved: \_\_ Denied: \_\_

(month / day / year)

April 2022 BOD