

# CASA DI AMICI CONDOMINIUM ASSOCIATION, INC.

A Corporation Not-For-Profit  
c/o Sunstate Association Management Group, Inc.  
P O Box 18809, Sarasota, FL 34276  
Phone 941- 870-4920 Fax 941-870-9652  
[allapplications@sunstatemanagement.com](mailto:allapplications@sunstatemanagement.com)  
**APPLICATION FOR RENTAL OF UNIT**

## INSTRUCTIONS – PLEASE READ CAREFULLY

- This application, an application for lease approval must be completed in detail by each proposed adult occupant over the age of 18, other than husband/wife or parent/dependent child (which is considered one applicant) along with a completed Application for Occupancy Approval Form.
- If any question is not answered or left blank, this application may be returned, not processed and not approved.
- The completed application must be submitted to the Association office at least 20 business days prior to the desired date of occupancy.
- Occupancy prior to Board of Director’s approval is strictly prohibited and is grounds for automatic rejection of the application.
- Renewals or extensions of leases are subject to re-approval by the Board of Directors. Multi-year leases are subject to re-approval by the Board of Directors.
- No pets allowed at any time.
- Use of this Unit is for single family residence only.
- A lessee/renter may not sublet a Unit.
- Children under 13 years of age must be accompanied by an adult at the pool.
- Commercial/recreational vehicles, trailers, boat/boat trailers, and campers are prohibited.

## PLEASE TYPE OR PRINT ALL INFORMATION

**A copy of the lease agreement, valid driver’s license, copy of valid auto insurance and a non-refundable fee of \$150.00 made payable to Casa Di Amici Condominium Association, herein after referred to as “CDACA” must accompany this application.**

The undersigned proposes to rent/lease the following **Unit Number & Letter:** \_\_\_\_\_

**Street:** \_\_\_\_\_ to the lessee named below, and the undersigned Unit owner does hereby apply for approval of this rental/lease by the Board of Directors of CDACA to which the following information is submitted.

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_ Lease Amount: \$ \_\_\_\_\_ .00 per month. \_\_\_\_\_

No unit may be rented or leased for a period of less than 90 days. The undersigned Unit owner submits this application for approval by the Board of Directors to lease **Unit Number & Address:** \_\_\_\_\_

\_\_\_\_\_ located at CDACA, a sub-division within the Venetia Community, Venice, FL, and states that the following information is true and correct. (Any intentional misrepresentations shall be a basis for an automatic disapproval).

CDACA Restated Declarations require 10 business days for approval or disapproval of your application. Without Board approval a rental/lease is not complete and is invalid.

**All rental/leases or occupation of a unit must be approved, in writing, by the Board of Directors before such lease or occupation shall be valid and effective as per Casa Di Amici Restated Declaration of Condominium. (Sale, Transfer, Lease, or Occupation of Unit).**

**1. OWNER INFORMATION:**

Unit Owner's Full Name: \_\_\_\_\_

Current Telephone Number of Unit Owner: \_\_\_\_\_

Current Address of Unit Owner: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature of Unit Owner or Rental Agent Date

\_\_\_\_\_  
Signature of Unit Owner or Rental Agent Date

**LESSEE / RENTER'S INFORMATION**

**2. LESSEE/RENTER'S INFORMATION:**

Renter's Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Renter's SS#: \_\_\_\_\_ Spouse SS#: \_\_\_\_\_

Renter's DOB: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_

Renter's Dr. Lic.# \_\_\_\_\_ Spouse Dr. Lic.# \_\_\_\_\_

Current Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business or Profession (Present or Former): \_\_\_\_\_

Position Occupied: \_\_\_\_\_ Currently Active or Retired: \_\_\_\_\_

**3. UNIT OCCUPANTS AND PERMANENT GUESTS WHILE YOU ARE LEASING /RENTING:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**4. REFERENCES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**5. VEHICLES:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ License#: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ License#: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ License#: \_\_\_\_\_

The undersigned lessee/renter agrees to provide any further information that may be reasonably requested by the Board of Directors. The lessee/renter has received a copy of the CDACA Restated Declarations dated 07/31/13 and current Rules and Regulations. The lessee/renter has read the restrictions as contained in the CDACA Restated Declarations and the Rules and Regulations and understands their responsibilities as a lessee/renter. I/We agree to abide by the provisions of said documents and waive my/our right to any protest. Please **initial** that you have received and read the aforementioned documents and agree to abide by them.

Please **initial** that you understand that renters cannot have pets and that you agree to comply with this rule.

I/We understand that CDACA may cause to be instituted an investigation of my/our background as the Board of Directors may deem necessary. Accordingly, I/We specifically authorize the CDACA Board of Directors, it's agents Sunstate Management Group and CoreLogic SafeRent to make such investigation and agree that the information contained in this and the attached Application for Occupancy Approval may be used in such investigation, and that the Board of Directors, Officers and Management of CDACA itself and its agents shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

I/We hereby authorize CDACA's agent to request a consumer report from one of the consumer reporting agencies in considering this application. I/We also understand that any information will be held in strict confidence. Upon applicant(s) request we will inform applicant(s) of the name and address of each consumer reporting agency from which we obtained a consumer report, if any, relating to applicant(s).

I/We the undersigned hereby grant permission to the CDACA Board of Directors or their agent to contact any or all of the above references with the understanding that all information will be held in strict confidence.

Under penalty of perjury, the undersigned certifies that the foregoing information is true and correct.

Signature of Applicant for Rental: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant for Rental: \_\_\_\_\_ Date: \_\_\_\_\_

**6. RENTAL COMPANY INFORMATION:** (If applicable)

Name and Address of Rental Company: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_

Name of Rental Agent: \_\_\_\_\_ Current Telephone # of Agent: \_\_\_\_\_

Telephone # of Rental Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**7. RETURN COMPLETED APPLICATION TO:**

Sunstate Association Management Group, Inc.  
P O Box 18809  
Sarasota, FL 34276

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**Action of Board of Directors:**

\_\_\_\_\_ **Unit**

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

Approved:

Disapproved:

\_\_\_\_\_  
Signature for CDACA Board of Directors

\_\_\_\_\_  
Title

**FOR OFFICE USE ONLY**

CDACA  
Fee Received: \$ \_\_\_\_\_

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

Method of Payment \_\_\_\_\_

Sunstate  
Fee Received: \$ \_\_\_\_\_

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

Method of Payment \_\_\_\_\_

Received By: \_\_\_\_\_



EMPLOYMENT AND CHARACTER REFERENCES

PRINT OR TYPE

1. Employed By: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
*(Business name or retired from)*

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

How long: \_\_\_\_\_ Dept. or Position: \_\_\_\_\_ Mo. Employment or Retired Income Income \$ \_\_\_\_\_

2. Spouse's Employment: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
*(Business name or retired from)*

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

How long: \_\_\_\_\_ Dept. or Position: \_\_\_\_\_ Mo. Employment or Retired Income Income \$ \_\_\_\_\_

CHARACTER REFERENCES

PRINT OR TYPE

Name: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_ Office Telephone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_ Office Telephone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_ Office Telephone #: \_\_\_\_\_

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

VEHICLE AND DRIVER INFORMATION

Driver's Lic. No. 1 & State: \_\_\_\_\_ Driver's Lic. No. 2 & State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

If this application is NOT legible or is not completely filled out, Casa Di Amici Condominium Association, Inc. (CDACA) and any of its authorized agents will not be liable or responsible for inaccurate information in the investigation and related report(s) to CDACA or aforementioned agents caused by such illegibility or omissions. Prior to signing this application, the applicant recognizes that CDACA or any of its agents, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to CDACA or their agents. The investigation may be made of the applicant's character general reputation, personal characteristics, credit score, police arrest record and mode of living as applicable. I may request, in writing and within a reasonable amount of time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE AUTHORIZATION FORM**

AUTHORIZATION TO RELEASE EMPLOYMENT, BANKING, CREDIT,  
RESIDENCE AND POLICE RECORD INFORMATION

I have named your organization as a reference on my application for residency within the Casa Di Amici Condominium Association located in Venice, Florida.

You are hereby authorized to release and give to the designated party(s) shown below or their Attorney or authorized agents, any and all information they request concerning my employment, banking, credit, residency, police report records and background information in reference to my/our application for residency within the above named community.

**DESIGNATED PARTY: CASA DI AMICI CONDOMINIUM ASSOCIATION, INC.**

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

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Signature Print Date

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Signature Print Date

CASA DI AMICI CONDOMINIUM ASSOCIATION, INC.

**STATEMENT OF ASSOCIATION POLICY NUMBER TWO**

**EFFECTIVE DATE:** October 27, 2014

**SUBJECT:** Policy for Review and Approval of Applications for Sale or Lease in Casa Di Amici

**STATEMENT:** The Board of Directors is responsible but may delegate responsibility for execution of this policy to the Management Company.

**POLICY:**

**1. Application**

- a. A complete and fully executed official Casa Di Amici application for sale or lease, including a copy of the proposed lease or purchase/sale agreement, of any unit must be received by the Management Company at least 20 business days prior to the starting lease or sale closing date.
- b. The application must be signed by all lessees or purchasers.
- c. All lessees and purchasers and all those who are over the age of 18 and will reside in the unit must pass a background check, a prior rental history check and a credit check.
- d. There will be a \$150 application fee due with the application to cover the Association's cost of the background checks and for processing of the application.
- e. No tenant or buyer shall be allowed to occupy any unit prior to approval of the application by the Association. Occupation prior to approval of the application is grounds for denial of the application.
- f. The Association will have 10 business days to review and approve or decline an application from the date a fully completed and properly executed application is received.
- g. A copy of Casa Di Amici's Policy No. Two shall be provided to any applicant(s) requesting Lease or Sale approval within Casa Di Amici as per Article 1.a.above. Applicant will acknowledge receipt of said Policy No. 2 by initialing the box below. This initialed copy of Policy No. Two shall be returned, along with the application, prior to the Management Company forwarding the application to the Board.

**2. Approval Criteria:**

- a. There can be no history of criminal behavior or sexual offender status by any applicant or party over 18 years of age who will be residing in the unit.
- b. There can be no history within the last 5 years of bankruptcy, evictions, foreclosures, unpaid rent or other landlord disputes.
- c. All lease and sale applicants must receive and acknowledge in writing Casa Di Amici's Declarations and Rules and Regulations.

- d. The Board of Directors may apply any other criteria not specifically listed herein as grounds for disapproval, so long as it is reasonable and consistent with state law.
- e. In those instances where strict compliance with a specific approval criteria would create an undue hardship by depriving the owner of the reasonable use of his or her unit, the Board of Directors, by a majority vote, may grant a variance to one or more approval criteria. The Board may grant the variance from the approval standards so long as the general purpose and intent of the standards are maintained. All variance requests and approvals shall be in writing. Variances shall be considered unique to the specific circumstances for which it was granted and shall not set a precedent for future decisions.

**3. Execution of the Application/Approval Process:**

- a. Responsibility for the application process as outlined above is delegated to the Association's management company. The management company will:
  - i. Handle all requests for applications and will receive and process applications to comply with the policy as detailed above.
  - ii. The management company will send to the board by email copies of the application, background check, and lease or sale agreement. Any violations of the application criteria will be highlighted by the management company.
  - iii. Each Board member will then advise the President of the Board of their vote for approval or disapproval of the application.
  - iv. A majority of a quorum of the Board is required to approve or disapprove an application.
  - v. If desired a Board Member may elect not to receive the application information and may accept the management company's recommendation.
  - vi. Applications duly approved by the Board shall be signed by the President, Vice-President or other Board member so delegated by the President or Vice-President.

**Please *initial* that you have received and read this document, STATEMENT OF ASSOCIATION POLICY NUMBER TWO.**

