

VILLA VISTA RENTAL REGISTRATION FORM

UNIT # _____

DATE: _____

Below you will find information we need your help with in order to get you into your new home at Villa Vista as soon as possible. This information is confidential and for the exclusive use of our management company and Villa Vista Management, Inc. only.

PLEASE FILL OUT THIS FORM COMPLETELY

NOTE: All tenants must be approved prior to move in date

Association requires a minimum of 5 business days for processing/approval starting the day we receive all required documents including the completed background check.

Villa Vista requires standard background information. All applicants are required to submit a background check or have one completed by Keys Property Management to be reviewed and approved by the Association before transfer of the unit. If you have a current (within 30 days) background/criminal report this may be acceptable. Our processing period for completing background checks are 1-3 days. Please complete the application and submit along with a \$50.00 payment for each background check per tenant residing in unit PAYABLE to Keys Property Management by check or money order. All Completed forms and a copy of the lease must be mailed or dropped off prior to approval at Keys Property Management at 5505 N. Atlantic Ave Suite 207 Cocoa Beach, Florida 32931.

It is the responsibility of the applicant to provide updated information as necessary.

PERSONAL INFORMATION Individual Background fee (\$50.00) Joint (\$100.00 Background Fee)

Primary Lessee(s): _____

Phone Number(s): _____

Email: _____

Lease Start Date: _____ Lease End Date: _____

TOTAL NUMBER TO OCCUPY THE SUBJECT RESIDENCE:

Name(s) of additional occupant(s) (all occupants must be listed):

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

3. _____ Relationship: _____ Phone: _____

4. _____ Relationship: _____ Phone: _____

.....
Name of Rental Agency _____ Phone/Cell: _____

Name of Rental Agent _____ Phone/Cell: _____
.....

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PETS

Pets: (domestic only – no exotics) Yes _____ No _____

Number of Dogs _____ Breed _____ Age _____ Weight _____

Number of Cats _____ Number of Birds _____

CRIMINAL

Have you ever been convicted of a felony? Yes _____ No _____

If yes, Please provide a detailed explanation of the charge _____

IN CASE OF EMERGENCY

Emergency Contact(s)

1. _____ Phone _____

2. _____ Phone _____

Unit Access: The Association has the right to enter a unit per the guidelines set forth in the documents.

Please provide the Association with a key for each applicable lock to the unit. Having received and read the condominium documents it is understood that any violation of the terms, provisions and/or conditions provides cause for immediate action as therein provided and/or termination of the lease.

_____ **(INITIALS)**

Tenant Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

APPLICATION COMPLETENESS CHECKLIST

Copy of Lease

Vehicle registration

Background check within 30 days or completed background check form with \$50.00 payment.

This section is for association use only

Application received to Keys Property on _____ Application sent to Board on _____

Background check fee received Yes No NA Amount _____

Approved Yes No

Application received by _____ Date _____

CONSENT TO PERFORM BACKGROUND

DATE: _____

First Name

Middle Name

Last Name

Maiden and/or Other Last Names Used

Social Security Number

Address

City, State, Zip Code

Check one*

Male

or

Female

Race

Date of Birth

Drivers License Number

Drivers License State

This authorization and consent for release of personal information acknowledges that _____ (hereafter referred to as "Company") and or its agent, TRAK-I Technology, may now, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; criminal history information of file in local, state or federal agencies; and motor vehicle records.

I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from Trak-I Technology, Consumer Disputes, P.O. Box 52028, Tulsa, Oklahoma, 74152. After reading this document, I fully understand its contents and authorize the background verification.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE.

Date Signed

Applicant (Print Name):

Applicant Signature: