



PARKWAY VILLAS CONDOMINIUM ASSOCIATION, INC.

6000 CORAL WAY ★ BRADENTON, FL 34207 ★ (941) 753-4697

LESSOR(S) APPLICATION

You are hereby requested to approve a lease of Unit No. _____ Villa No. _____

Street Address _____ in Parkway Villas Condominium Assoc., Inc.

for a period of _____ with no sub-leasing privilege.

I/ We Understand that per the Declaration of Condominium Section 16 "All leases shall be for a minimum of sixty (60) days and for a maximum period of one (1) year. Leases may be renewed".

The undersigned certify/certifies that they constitute all the owners of the above described Unit / Villa.

Name: _____ Signed: _____
(Please Print)

E-mail Address _____

Name: _____ Signed: _____
(Please Print)

E-mail Address: _____

Name: _____ Signed: _____
(Please Print)

E-mail Address: _____

Address: _____ Home Phone No: _____
Street

_____ City / State / Zip
Cell Phone No: _____

() Warranty Deed checked to verify ownership (for office use)



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LESSEE APPLICATION

Note: You must list all proposed occupants

Date: _____

Name: _____
Primary Applicant

Name: _____

Name: _____
Primary Applicant

Name: _____

You are requesting approval to lease Unit No. _____ Villa No. _____

Street Address _____ in Parkway Villas Condominium Assoc., Inc.

For a period of _____ with no sub-leasing privilege.

As a prospective tenant in Parkway Villas Condominium Association, Inc. (hereafter referred to as PVCA), it is hereby acknowledged that the Declaration of Condominium, Articles of Incorporation, Bylaws and Rules have been fully examined by you and that you will abide by them as a tenant. As a prospective tenant, you hereby agree to be available for personal orientation at the request of the Board of Directors.

Personal References: (Please Print)

Name - Please Print

() _____
Phone Number

Street Address

City / State / ZIP

Name - Please Print

() _____
Phone Number

Street Address

City / State / ZIP

It is also acknowledged, pursuant to the Declaration of Condominium of Parkway Villas Condominium Association, Inc., that \$100 per application will be paid for the requisite background check. This fee shall accompany each application.

Name: _____
Please Print

Signed: _____

Name: _____
Please Print

Signed: _____

Address: _____

Home Phone No. () _____

Street Address

Cell Phone No. () _____

City / State / ZIP



PARKWAY VILLAS CONDOMINIUM ASSOCIATION, INC.

6000 CORAL WAY ★ BRADENTON, FL 34207 ★ Phone: (941) 753-4697 ★ Fax: (941) 896-9664

AGE VERIFICATION

PARKWAY VILLAS CONDOMINIUM ASSOCIATION, INC. is a residential community of adults age fifty-five (55) and older. To maintain this status, the occupants must, at all times, include one or more permanent resident (s) who is/are at least fifty-five (55) years old (see Declaration of Condominium Section 14.2). To establish an ongoing file for this purpose, all residents are asked to submit documented proof of age for inspection.

Date: _____

Unit Number: _____ Villa Number: _____

Villa Address: _____

Resident(s): _____ Date of Birth: _____

Resident(s) _____ Date of Birth: _____

VERIFICATION:

(Choose One)

_____ Birth Certificate

_____ Voter Registration

_____ Driver's License

_____ School Record

_____ Other (explain)

Signed: _____ Date: _____

Signed: _____ Date: _____

Board Member: _____ Date: _____

Board Member Assistant: _____ Date: _____

**BEACON BACKGROUND SCREENING SERVICES, LLC
TENANT SCREENING APPLICATION**

APPLICANT:

Please print neatly. Information that is not legible will delay the process of this application.

| | | | |
|--------------------------|----------------|------|------|
| Full Legal Name: | Maiden/Alias: | | |
| Current Street Address: | | | |
| City: | State: | Zip: | |
| Home Phone: | Circle | Own | Rent |
| Driver's License Number: | State: | | |
| Social Security Number: | Date of Birth: | | |

SPOUSE:

| | | | |
|--------------------------|----------------|--|--|
| Full Legal Name: | Maiden/Alias: | | |
| Driver's License Number: | State: | | |
| Social Security Number: | Date of Birth: | | |

CURRENT LANDLORD:

| | | | |
|---|---------------|------------------|--|
| Name: | Phone: | | |
| How long have you lived at this address: | Current rent: | Reason for move: | |
| PREVIOUS ADDRESS IF LESS THAN 5 YEARS AT ABOVE ADDRESS: | | | |
| Street: | | | |
| City: | State: | Zip: | |
| Landlord's Name: | Phone: | Reason for move: | |

EMPLOYMENT:

| | | | |
|----------------|-------------|-------------------|------|
| Employer: | Occupation: | Salary: | |
| Address: | City: | State: | Zip: |
| Supervisor: | Phone: | Dates of Service: | |
| SPOUSE: | | | |
| Employer: | Occupation: | Salary: | |
| Address: | City: | State: | Zip: |
| Supervisor: | Phone: | Dates of Service: | |

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS PLEASE EXPLAIN:

| |
|--|
| Have you ever been evicted: |
| Have you filed bankruptcy in the last 7 years: |
| Have you ever been arrested or convicted of a misdemeanor or felony: |

I understand that an investigative background inquiry is to be done, including but not limited to identity and prior address(es) verification, criminal history, credit history, employment verification, reason(s) for termination, work and other references. I understand that for the purpose of this inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate and private sources which may maintain records concerning my past activities relating to possible criminal conduct civil court litigation, driving history and credit performance as well as other information. I authorize without reservation, any company, agency, party or other source contacted to furnish the above information.

| | |
|--------------------------------|-------|
| Applicant Signature: | Date: |
| Spouse or Co-Signer Signature: | Date: |