

8. MAKE OF AUTOMOBILE(S) / YEAR / LICENSE NUMBER

9. NAME OF CURRENT UNIT OWNER

PHONE

EMAIL

10. RENTAL AGENT/COMPANY (IF ANY)

PHONE

EMAIL

11. I AM AWARE OF AND AGREE TO ABIDE BY THE HOMEOWNERS ASSOCIATION DOCUMENTS / RULES & REGULATIONS. I ACKNOWLEDGE RECEIPT OF A COPY OF THE ASSOCIATION RULES AND REGULATIONS.

(INITIAL) _____.

12. I UNDERSTAND AND AGREE THAT THE ASSOCIATION IS AUTHORIZED TO ACT AS THE OWNER'S AGENT, WITH FULL POWER AND AUTHORITY TO TAKE WHATEVER ACTION MAY BE REQUIRED. THIS WILL INCLUDE EVICTION AND TO PREVENT VIOLATIONS BY LESSEES AND THEIR GUESTS OF THE PROVISIONS OF THE GOVERNING DOCUMENTS / THE RULES & REGULATIONS OF THE ASSOCIATION.

(INITIAL) _____

13. I HEREBY CONSENT TO PARADISE VILLAGE HOMEOWNERS ASSOCIATION RUNNING A CRIMINAL BACKGROUND CHECK ON PRIMARY RENTER, AND MAY USE THIS INFORMATION TO APPROVE OR DENY APPLICATION. PRIMARY RENTER ALSO WARRANTS AND REPRESENTS THAT TO HIS OR HER KNOWLEDGE, OTHER GUESTS STAYING AT RENTAL HAVE NOT BEEN CONVICTED OF A FELONY.

(INITIAL) _____

APPLICANT SIGNATURE

DATE

To be completed by Paradise Village HOA Board:

ACCEPTED PARADISE VILLAGE HOA BOARD

DATE

APPROVED (____) REJECTED (____) Reason for rejection:



27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135
239-947-4552, f 239-495-1518
info@vestapropertyservices.com

VestaPropertyServices.com/sw

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR
TENANT SCREENING PURPOSES**

Background Screening Disclosure

I hereby authorize Vesta Property Services and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for tenant screening purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: criminal history records (from local, state, federal, international and other law enforcement agencies records), sexual offender’s lists, wants and warrants records, credit history, and civil/law suit cases. Upon request Vesta Property Services will supply a copy of the completed consumer report along with a copy of an individual’s rights under the Fair Credit Reporting Act.

Authorization and Release

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby release Vesta Property Services and its agents, officials, representatives, assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I certify that all information provided below and on my application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for disqualification at any time. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant’s Name (Print Legibly) Maiden/AKA/Previous Name (s)

Signature

_____/_____/20_____
Date

Social Security Number

_____/_____/_____
Date of Birth

Driver License Number State

Current Address

(_____) _____
Phone



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Date

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_____/_____/_____
Date of Birth

Driver License Number State

Current Address

(_____) _____
Phone