

Toscana I at Vasari Condominium Association, Inc.

% RESORT MANAGEMENT

2685 Horseshoe Drive ~ Suite 215

Naples, Florida 34104

Phone 239.649.5526 Fax 239.403.1061

LEASE APPLICATION

This application must be submitted **COMPLETE**, answer or fill in each blank. A non-refundable processing fee of \$100.00 in the form of a check and copy of the lease should be sent to Toscana I at the address above. A minimum of 20 days processing time is required prior to the start date on the lease. The Board of Directors will review all leases.

Checks made out to: \$50 Resort Management, \$50 to Toscana I

NO LESSEE MAY MOVE INTO TOSCANA WITHOUT PRIOR APPROVAL OF THE BOARD OF DIRECTORS!

NO LEASE FOR LESS THAN 30 CONSECUTIVED DAYS WILL BE APPROVED. NO UNIT MAY BE LEASED FOR MORE THAN SIX (6) TIMES IN ONE CALENDAR YEAR. VASARI COUNTRY CLUB OR THE HOA DO NOT APPROVE LEASES IN TOSCANA! PET RESOLUTION AS OF MARCH 12, 2013 ADOPTED - NO PETS WILL BE ALLOWED IN TOSCANA

OWNERS - Resort Management nor the Toscana Village Board of Directors deal with real estate agents or the Lessee. It is your responsibility to coordinate and mail all information.

Please Print:

OWNER NAME _____

OWNER'S ADDRESS _____ TOSCANA WAY UNIT # _____

OWNER'S PHONE (_____) _____ CELL (_____) _____

OWNER'S EMAIL _____

LEASE Start Date _____ Ending Date _____

LESSEE INFORMATION:

Lessee Names _____

Present Address _____

City _____ State _____ Zip _____

How long? _____

Phone (_____) _____ Cell Phone (_____) _____

Email: _____

Will anyone other than those listed above occupy this unit? ____ Yes ____ No

If yes, whom? Name _____

Vehicle

Make _____ Model _____

Color _____ Year _____

License Plate Number _____ Expiration _____

I understand NO PETS will be allowed in Toscana. Must initial _____

Emergency Contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell (_____) _____

2 References – Please provide name, address, phone & email

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell (_____) _____

Email _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell (_____) _____

Email _____

Please read the following and sign this application

I have received prior to this application a copy of the Toscana I at Vasari Condominium Association's Rules and Regulations and Use Restrictions. I have read this information. I understand these Rules, Regulations, and Use Restrictions and agree to abide by them as long as I reside in Toscana. I understand that failure to do so could be cause for eviction.

Applicant's Signature: _____ Date _____

Co Applicant's Signature _____ Date _____

OWNERS SIGNATURE _____

DATE _____

Office Information:

Date Received _____ Date Sent to Board _____

Approved by Board _____ Email/Date to Vasari _____

Resort Manager _____

If denied – reason: _____