

Toscana I,II & III at Vasari Condominium Association, Inc.

RESORT MANAGEMENT

Attention: Dorothy Reagan

9250 Corkscrew Rd. #9, Estero FL, 33928

Phone: (239) 461-8700 ext.5249

Email: dreagan@resortgroupinc.com

LEASE APPLICATION

This application must be submitted COMPLETE, answer or fill in each blank. The non-refundable application fees (checks only) and a copy of the lease should be sent to Toscana 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.

Non-refundable Application Fees:

\$100.00 - Payable to Toscana and \$75.00 - Payable to Resort Management

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 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: