VENETIAN VILLAS HOMEOWNERS ASSOCIATION, INC. RENTAL QUESTIONNAIRE

Owner/Lessor Information:		
Name(s):		
Address:		
Email address:		
Telephone:		
Home:		
Work: Cell:		
<u></u>		
Unit number being rented:		
Duration of lease:	Lease Start date:	End Date:
Is the Unit insured? YES NO		
If the answer is "YES", please provide the	e following information:	
Insurance Company:	2	
Policy Number:		
Please provide the names of all tenants/occupants please provide additional information on a separa	s. If there are more than 4 ter	
Name:		
Telephone Number:		
Employer:		
Name:		
Telephone Number:		
Employer:		
Name:		
Telephone Number:		
Employer:		
Name:		

Telephone Number:		
Employer:		
Will any pets be occupying the Unit?	YES	NO

If the answer is "YES", please provide the following information:

Number of Pets:	
Breed(s):	

Tenant/occupant vehicles:

Make:	
Make:	
License Plate Number:	

Verification by Owner/Lessor

By signing this document, I hereby affirm that I have obtained a criminal background check for the tenants/occupants identified above and have determined that the tenants/occupants do not pose a threat to the health, safety, and wellbeing of the residents of Venetian Villas. I further affirm that I have provided a copy of the Declaration and a copy of the rules and regulations governing the Association to the tenants/occupants identified above.

Owner/Lessor

Date: _	
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Failure to accurately comply with this policy would result in a Violation and a fine of up to \$1000 dollars as per the VVUOA Governing Documents.