

Renaissance I Association, Inc.

Date: _____

A non-refundable application fee of \$150 is due at the time of submittal of this application. Pay by check made payable to Renaissance I Association. A copy of the fully executed sales contract must be provided at the time of application.

Buyer Information

Please complete this information packet and return it to the Association Office. This information will only be used for Association business and will not be released without your approval.

General Information

Unit Number:	Title:	First Name:	Last Name:
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Co-Owner Name: _____

Purchase Date:	Purchase Price:
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Mail Address: Please note Correspondence will be sent to this address. If you are a seasonal resident, be sure to file a change-of-address with the USPS so your mail will follow you. If you want invoices sent to a separate address, see Third Party Billing option.

Address:	Apt #:	City:
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State:	Country:	Zip/Postal Code:
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Primary Phone:	Alternate Phone:	
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Email Address: _____

Emergency Contact Name and Relationship: _____

Emergency Contact Phone Number:	City:
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Owner Status (check one): Full-time Part-time Leases Apartment

DESIGNATED VOTING OWNER NAME: _____
Only one owner-voter may be named for each unit (for condominium proxies, voting and elections)

Buyer's Agent: _____ Agent's Phone: _____ Agent's Email: _____	Seller's Agent: _____ Agent's Phone: _____ Agent's Email: _____
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Renaissance I Association, Inc.

Consent for Release of Information

I hereby authorized Beacon Background Screening Services, LLC to receive any criminal records, credit reports, public records, rental or lease information and employment verification, whether by fax, verbal, photocopy, or original signature and provide said information to Renaissance I Association, Inc. I acknowledge that this information may be viewed by Renaissance I Association, Inc. management and Board of Directors members. I agree to hold harmless Beacon Background Screening Services, LLC and all other providers of information. In the event that information provided by me is found to be misleading or false, my acceptance for this rental, lease or purchase, whether determination is made before or after my date of occupancy, will be affected.

Applicant printed full name: _____

If applicable, maiden name or alias: _____

Current address: Street _____ City _____
 State _____ Country _____ Zip/postal code _____

Date of birth: _____ Social Security Number: _____

Signature: _____

Co-applicant printed full name: _____

If applicable, maiden name or alias: _____

Current address: Street _____ City _____
 State _____ Country _____ Zip/postal code _____

Date of birth: _____ Social Security Number: _____

Signature: _____

PLEASE PROVIDE 7 YEARS' ADDRESS HISTORY

Current Address	City/State	Zip	Years/Months
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Name of Current Landlord	Phone/Fax
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Previous Address	City/State	Zip	Years/Months
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Previous Address	City/State	Zip	Years/Months
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PLEASE PROVIDE CURRENT EMPLOYER INFORMATION

Current Employer	Address	City/State	Zip
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Start Date: _____

Beacon Background Screening Services, LLC

Contact: Anna Maschino 941-957-3957

Reports sent only to Anna Maschino – Renaissance I Association, Inc. No reports sent after 5:00 p.m. or before 8:30 a.m. No weekend transmission of reports.

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Optional Third-Party Billing

Billing and Invoicing To Be Sent to a Third Party – If you want invoices and bills sent to a third party (your accountant, etc.) please indicate the name and address here. All other correspondence will continue to be sent to your Permanent Mail Address. Using a “bill-to” intermediary does not relieve you of the responsibility for on-time payment of bills and assessments. Invoices will bear no special handling instructions other than your name and unit number. You are responsible for making arrangements with the bill payer to accept the invoices, and to remit the full amount of all invoices received in your name.

Name of “Bill To” Organization:		Address:		
Phone Number:	City:	State:	Country:	Zip/Postal Code:
Name:		Relationship:		Phone Number:

Pets

Species, names and weight of all domestic pets. Owners may have a maximum of two pets per unit, weighing thirty (30) pounds or less. Pets must be registered and a photo supplied.

Pet 1 – Species:	Name:	Weight:
Pet 2 - Species:	Name:	Weight:

Vehicle Registration

Owners, renters, guests or invitees are not permitted to park, maintain or keep any vehicle with an overall width exceeding 81” and/or an overall length exceeding 16’ 6”, commercial vehicles or those with commercial signage, motorcycles, mopeds, motorbikes, campers, trailers, mobile homes, motor homes, personal watercraft, boats, any towed conveyance, or recreational vehicles in any parking area. Any large vehicle exceeding 81” in overall width must park in two adjacent spaces that the vehicle owner owns or rents, but not in a single parking space. Vehicles exceeding 16’ 6” are not permitted in the garage.

Vehicle and Parking Space Information Vehicle 1

Unit Number:	Parking Space Number:	Vehicle Make:	Model:	Color:
License Tag Number:			State Issued:	

Vehicle 2 (if applicable)

If there is a second reserved parking space and you have another vehicle, please complete the information below. If there is just one parking space deeded to the unit you are buying and you require a second space, please see the administrative office about a parking space to rent.

Unit Number:	Parking Space Number:	Vehicle Make:	Model:	Color:
License Tag Number:			State Issued:	

Renaissance I Association, Inc.

Sign Both Acknowledgements		
1. Buyer acknowledges receipt of the Rules and Regulations, has read them and will abide by them.		
Signature(s)	Date	Printed Name(s)
2. Per Florida Statute, buyer will purchase HO6 or better homeowners insurance and provide proof of same within 30 days of closing.		
Signature(s)	Date	Printed Name(s)

Effective June 1, 2014, **no Unit may be rented or leased for a term of less than (90) consecutive days or more than (2) times per year.** Any purchaser of a Unit as of June 1, 2014 is **prohibited from leasing or renting his Unit during purchaser's first year of ownership.** Effective June 1, 2014, the Association shall require the unit owner or tenant to provide **a rental deposit of \$1,000 for the term of the lease** to cover the potential expense of Common Element damage from the tenant which shall be held by the Association in a non-interest-bearing account. Any amounts unused by the Association for Common Element repairs shall be refunded to the payee of the deposit upon termination of lease, notice to the Association and fourteen (14) day inspection period.

Renaissance I Association, Inc.

Email Preference

DISREGARD THIS FORM IF YOU HAVE ALREADY COMPLETED IT

Official Documents Delivery Preference

The Renaissance I Association is seeking your permission to send official documents to you via email. These documents will include, but not be limited to, all future official notices for the Annual Budget Meeting and the Annual Members Meeting, any updates to condominium governing documents to be approved by members, and other general information messages. **If you have not already done so**, please indicate your distribution preferences on this form and return it, as described below. In this case, your email address will be used to send the described documents. This section does not affect your owner directory email preference described below.

I (we), by my (our) signature(s) below, do authorize the Renaissance I Association, Inc. to distribute to me (us) all official documents, etc. in the following manner:

Email: _____ All official Association official documents, as described above.

Email address(s): _____

US Mail: _____ All official Association documents, as described above, to be sent via U.S. mail in paper format to my/our address on record.

Unit number: _____ Date: _____

Owner's Name: _____ Owner's Signature: _____

Co-Owner's Name: _____ Co-Owner's Signature: _____

Owner Directory Preference

1. Per FL Statute, you may choose whether or not you'd like to include your email address in an owner directory. Otherwise, it **will not** appear in an owner directory. Please indicate your preference here:

_____ My email address **may** be added to an owner directory and shared with other unit owners.

_____ My email address **may not** be added to an owner directory or shared with other unit owners.

2. Per FL Statute, your telephone number **will** automatically appear in an owner directory unless you opt out. If **this line is left empty**, your phone number **will be included** in a directory, as usual.

_____ **DO NOT** include my telephone number in a member directory or share it with other unit owners.

You may return this form by any of these methods: email kgrandt@rencondo.com; by US Mail 750 N Tamiami TR #100 Sarasota FL 34236; by fax – 941-957-1256 or hand delivery to the Administrative office.