VERONA RESERVE COMMUNITY ASSOCIATION, INC.

A Not-for-Profit Corporation

Please Return All Forms To:
Access Management, 2970 University Parkway, Suite 104, Sarasota, FL 34243
Or jherter@accessdifference.com

HOA REQUIRED RENTAL INFORMATION

In accordance with the Declaration and Use Restrictions this information and a copy of the signed lease agreement must be submitted to Access Management within five (5) days of the lease being signed and PRIOR TO TENANT OCCUPANCY.

Rental Property Address: _____
Owner's Name: _____
Rental Dates: From: _____ To: _____
Rental Agent: _____ Phone: _____
Address: _____ Email: _____

Tenant Information

Tenant Name(s) : _____ Age: _____
_____ Age: _____
Current Address: _____
Primary Phone: _____ Cell Phone: _____
Email(s): _____
Additional Occupants Name: _____ Age _____
_____ Age _____
Vehicles: Year/Make/Model _____ Color _____ Tag # _____ State _____
Year/Make/Model _____ Color _____ Tag # _____ State _____
Pets? (Some pets are prohibited by the Use Restrictions) Yes ☐ No ☐ How many? _____
Breed/Type _____

OWNER (or Rental Agent) has provided TENANT(S) with a copy of the Declaration, Use Restrictions and Community Rules of the Association and TENANT(S) acknowledge having read, understand and agree to abide by these documents.

Signed: Tenant(s) _____ Date: _____
_____ Date: _____
Owner(s) _____ Date: _____
(Or Agent) _____ Date: _____

FOR ACCESS MANAGEMENT USE ONLY

Are monthly assessments current? Yes: ☐ No: ☐

Number of times home has been rented in the previous 12 months: _____
Are the number of pets and breeds/types allowed by the governing documents? Yes: ☐ No: ☐

Access Management Signature _____ Date: _____

4.1.25