

# KEY VISTA VILLAS 55+ Community

## SALE / LEASE / RENTAL Application Form

*(Please circle one)*

NAME OF CURRENT OWNER(S) \_\_\_\_\_

ADDRESS AND LOT # \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_ CELL PHONE(\_\_\_\_) \_\_\_\_\_

### **PROSPECTIVE: BUYER(S) / TENANT(S)**

*(Please circle one)*

NAME: \_\_\_\_\_

CURRENT RESIDENT ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

REAL ESTATE AGENCY/AGENT \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

***This is a 55+ community. At least one person must be 55 years of age. No persons under the age of 21 are allowed to reside here. All leases must be for a minimum of one year. No lot may be leased during the first twenty-four (24) months of ownership following the transfer of said lot. Please read Covenant 10:19, 2.***

**Buyers:**

**Purpose of property purchase: Lease/Occupy (Circle one)**

**PET OWNERS:**

**FOR YOUR PROTECTION, ANIMALS MUST HAVE A PASCO COUNTY LICENSE. Please provide a copy to RPM of Rabies Vaccine in accordance with County Rules.**

All tenant applicants have received and understand that they are obligated to abide by the rules and regulations of the community. All pets must be always leashed. You must pick up after your leashed pet. Bags and receptacles are provided.

**Applications for approval of sale shall be submitted at least 25 days prior to the sale closing date. Along with the application (mentioned above) the buyers will submit an executed copy of the contract for sale and a check or money order made out to KVV Homeowners association in the amount of one hundred fifty (\$150) dollars. The application shall be signed by both the purchaser(s)/Lessee and the current owner(s). All applicants are subject to a background check and an orientational meeting with a Board of Directors member(s).**

#### **ACKNOWLEDGEMENT**

**All tenant applications have received and understand that they are obligated to abide by the rules and regulations of the community.**

**Current Owner \_\_\_\_\_ Date \_\_\_\_\_**

**Purchaser or Lessee \_\_\_\_\_ Date \_\_\_\_\_**

**Mail completed paperwork to:**

**Resource Property Management Company  
ATTN: Beth King  
28100 US 19 N, Suite 200  
Clearwater, FL 33761**



**KEY VISTA VILLAS HOMEOWNERS' ACCOCIATION**

**Approval of Lot/House Sale/Lease**

**Approval/Disapproval**

In accordance with the Key Vista Villas Board of Directors policy dated, June 27<sup>th</sup>, 2021; this application the records associated with this Lot/House have been reviewed and find the Application for Sale/Lease is:

**Check One:**

- Rental Application
- Purchase Application

Name of Buyer's or Lessee:

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Property Address: \_\_\_\_\_

**APPROVED or DISAPPROVED**

**(Circle one of the above)**

**Key Vista Villas Board Member**

**Date:** \_\_\_\_\_

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**Print Name**

**Signature**

# KEY VISTA VILLAS HOMEOWNERS ASSOCIATION AGE AFFIDAVIT

**I/WE UNDERSTAND AND AGREE THAT** Key Vista Villas is an age restricted community, and hereby swear and affirm as follows:

1. At least one occupant is 55 years of age, and no occupant is under 21 years of age.
2. Villa (unit) Number: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. List each occupant who is 55 years of age or older:

| Name (please print) | Age | ID provided * |
|---------------------|-----|---------------|
|                     |     |               |
|                     |     |               |
|                     |     |               |
|                     |     |               |

\*Identification (verification of age) may be Driver's License, Birth Certificate, Florida Identification Card, Medicare Card, etc. Please attach a copy of the form of identification used.

5. List all other occupants:

| Name (please print) | Age |
|---------------------|-----|
|                     |     |
|                     |     |
|                     |     |
|                     |     |

6. I/we am/are 21 years of age or older and a member of the household that resides at the resident described above and have personal knowledge of the ages of all the occupants of this household.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Signature) (Print) (Date)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Signature) (Print) (Date)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (Signature) (Print) (Date)

**Mail completed form to:**

**Key Vista Villas HOA  
 C/O Resource Management Company -Attn: Beth King  
 28100 US 19 N, Suite 200  
 Clearwater, FL 33761**