



Village Square

VILLAGE SQUARE of TITUSVILLE CONDOMINIUM ASSOC, INC.

1685 – 1795 Harrison St, Titusville, FL

**c/o Clover Key, Inc.
110 Imperial Street,
Merritt Island, FL 32952**

E-Mail: office@cloverkeyservices.com

Community Association Management

www.cloverkeyservices.com

Office: 321-735-7624

Dear New Resident,

Welcome to your new home! We hope you received all needed keys from your realtor or landlord to include your front door key, any screen or storm door key, your post box key, and the “amenity” key to the pool and clubhouse.

Reconcilable Differences, Inc. is the property manager for Village Square Condominiums, and we, along with the board of directors, want to ensure that all residents and their guests understand and adhere to the rules of the association, known as covenant enforcement. All of this is done within the parameters set forth in Florida Statute 718.

In regard to maintenance and repairs, this means that “common area” problems (pools, sprinklers, retention ponds, landscaping, clubhouse, etc.) are referred to us for solutions. If items in your “limited common areas” such as doors, screens, windows, or patios need attention, we will ask that you contact your landlord or realtor.

We have a webpage with forms and other information. Go to www.cloverkeyservices.com and click on the name under the photo of Village Square. This will soon take you to “Village Square’s page” with photos of the property, minutes of meetings, rules and regulations and other items your Board approves. If you have ideas for other links to your page, please let us know. We will try to accommodate these requests, if possible.

Again, we welcome you to the community and hope you will join some of the social committees that meet at the clubhouse!

Sincerely,

The Staff of Clover Key, Inc.

& Manager Jennifer Vo

VILLAGE SQUARE OF TITUSVILLE
CONDOMINIUM ASSN, INC.

TENANT PROFILE

Your cooperation in completing this profile thoroughly and promptly will be greatly appreciated. Please return the completed profile to management as soon as possible. Scan and email to office@cloverkeyservices.com or mail to 110 Imperial Street, Merritt Island, FL 32952.

1. NAME(S): _____

2. BLDG # _____ UNIT # _____

3. **Telephone Numbers:**

Cell: _____ Cell: _____ Other: _____

Work #: _____ Company Name: _____

4. **E-Mail Address:** _____ [] Check if "None"

5. Please check one of the following:

Full Time Resident _____ **Part Time Resident** _____

6. Emergency Contact: _____ Phone: _____ Relation: _____

7. **Rental Information:** Handled by Owner? **YES** _____ **NO** _____

IF NO, please provide name & phone number of agent or person handling rental:

Name: _____ **Phone:** _____

8. Number of Persons to Live in Unit: _____ Lease Start Date: _____ Lease End Date: _____

Name(s) and ages of others in unit:

| Last Name: | First Name (s): | Relationship: | Other Info: |
|------------|-----------------|---------------|-------------|
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7. **Please attach a copy of the lease. PLEASE make sure all residents understand where to park and have read the rules and regulations.**

8. **Pets: (Pets must weigh less than 20 pounds and no taller than 14 inches at shoulder)**

Species: _____ Breed: _____ Color: _____ Age: _____ Name: _____

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9. **Vehicles: (One parking space per unit-See Rules and Regulations for additional parking)**

Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____

Make: _____ Model: _____ Year: _____ Color: _____ Tag: _____

Date form completed: ____/____/____



RESIDENTIAL SCREENING AUTHORIZATION FORM

Each applicant MUST fill out a separate release.

PROPERTY NAME: Village Square of Titusville

(Please Print)

FULL Name: _____ Sex: _____

Street Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: ____/____/____

Driver's License # _____ State Issued: _____

(Must Include a Colored Copy)

Phone # _____ Cell or Home (circle one)

If Leasing: Number of Months: _____ Move-in Date: _____ Move-out Date: _____

(If leasing, must include a copy of the Signed Lease)

If Purchasing: Date of Closing: _____ **(Must include a copy of the Sales Contract)**

Employer Company: _____ Phone: _____ Years with Company: _____

Job Title: _____ Supervisor Name: _____

Have you ever been evicted? YES _____ NO _____

Have you ever been in litigation with a landlord? YES _____ NO _____

Have you ever had adjudication withheld or been convicted of a crime? YES _____ NO _____

Current Unit Owner Name: _____ Unit # _____

I give my authorization to this landlord, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature _____ Date _____

AccuData Screening Requested:

Package: 1 (2) 3 4

Phone: (954) 755-8379 Fax: (800) 521-1905 EMail: AccuDataInc@Bellsouth.net