

il Villaggio exists to glorify Jesus Christ by providing rental housing for individuals/couples 55+. Applicants must be active members of a non-Charismatic, evangelical church (Gal. 5:13) for at least 10 years and be involved in serving (full-time/part-time/voluntary or paid) in one of the following areas: Churches, Missions/Boards, Evangelical Christian Ministries/Organizations or Evangelical Christian Schools. We are a background-check community.

**RENTAL APPLICATION FOR TEMPORARY HOUSING  
( Missionaries/Pastors on Furlough/Sabbatical)**

The undersigned hereby makes an application to rent with the following:  
il Villaggio 1200 Aurora Blvd. Bradenton, FL 34212 (941) 746-1857 Fax: (941) 742-3983

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**SSN last 4 digits:** YOURS \_\_\_\_\_ **SPOUSE** \_\_\_\_\_

**Marital status:** Single  Married  Widowed  Divorced\*  Separated

*\*If Divorced please state reason for divorce in your testimony.*

If married, name of spouse: \_\_\_\_\_

Citizenship: Yours \_\_\_\_\_ Spouse \_\_\_\_\_

**Date of birth:** Yours \_\_\_\_\_ Spouse \_\_\_\_\_

**Current address:** \_\_\_\_\_

Street or P. O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

FAX number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Permanent address (if different):** \_\_\_\_\_

Street or P. O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone number: \_\_\_\_\_ FAX number: \_\_\_\_\_

Number of children: \_\_\_\_\_ Number of children living at home: \_\_\_\_\_

**Names of children:** \_\_\_\_\_

**Birth dates:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the children be with you this furlough? \_\_\_\_\_ If Yes, state how many: \_\_\_\_\_

**PLEASE NOTE: NO PETS ARE ALLOWED IN TEMPORARY UNITS.**

**Date you are requesting temporary housing:** \_\_\_\_\_

**Date you expect to depart:** \_\_\_\_\_

**REASON for furlough:** \_\_\_\_\_

**List relatives, friends or church to be notified in case of an emergency**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Home church**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Pastor: \_\_\_\_\_

E-mail address: \_\_\_\_\_

How long have you been a member of this church? \_\_\_\_\_

**Mission organization**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mission executive: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Record of service**

Date: From \_\_\_\_\_ To \_\_\_\_\_ Mission organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of service: \_\_\_\_\_ Type of service: \_\_\_\_\_

Date: From \_\_\_\_\_ To \_\_\_\_\_ Mission organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of service: \_\_\_\_\_ Type of service: \_\_\_\_\_

Date: From \_\_\_\_\_ To \_\_\_\_\_ Mission organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of service: \_\_\_\_\_ Type of service: \_\_\_\_\_

**Use a separate sheet if necessary.**

**List any other Christian ministry with which you have worked.**

Date: From \_\_\_\_\_ To \_\_\_\_\_ Ministry or service: \_\_\_\_\_

Place: \_\_\_\_\_ Type of service: \_\_\_\_\_

Date: From \_\_\_\_\_ To \_\_\_\_\_ Ministry or service: \_\_\_\_\_

Place: \_\_\_\_\_ Type of service: \_\_\_\_\_

Date: From \_\_\_\_\_ To \_\_\_\_\_ Ministry or service: \_\_\_\_\_

Place: \_\_\_\_\_ Type of service: \_\_\_\_\_

**List any other religious or civic organizations and memberships:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH**

Physical condition:

(Mr.) Excellent  Good  Poor  (Ms.) Excellent  Good  Poor

If you have a medical problem, please explain on a separate sheet.

**PLEASE PROVIDE YOUR CURRENT FINANCIAL SUPPORT**

THE INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL.

Total monthly income: \$ \_\_\_\_\_ Source: Current support \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ Other income \$ \_\_\_\_\_

**Provide the following:**

- 1. Picture of you and your spouse (as applicable)**
- 2. Personal testimony of salvation and Christian experience**
- 3. A letter of recommendation from your organization, possibly talking about your furlough**
- 4. A doctrinal statement from your organization**

**NOTE: If retired, we require a background check to be completed. We will send you a release form and you will need to include \$ 50 check for each person prior to finalizing application.**

**Note:** ALL information must be provided before your application can be processed.

**il Villaggio**

il Villaggio is a 55+ non-charismatic, evangelical Christian residential retirement community providing housing to qualified missionaries, pastors, chaplains and other Christian workers. Residents at il Villaggio have served with a number of different evangelical mission agencies, churches and para-church organizations and are of diverse backgrounds.

il Villaggio does not provide medical services or assisted care facilities. Therefore, to qualify the applicant must

be in reasonably good health and able to care for himself/herself.

Each application is examined by the il Villaggio Board of Directors and its staff, with the final decision being made by the Board of Directors. All information submitted by the applicant remains confidential.

### ► **Unity and Harmony**

il Villaggio is a close knit, residential community where we strive to maintain a spirit of harmony and unity. The village is home to representatives of many different evangelical missions. All residents must agree on major points of evangelical doctrine. However, some hold differing views on minor doctrinal positions.

Therefore, each individual in a spirit of love and kindness, must show respect for the differing views of others. According to the principles taught by Paul in Romans 14 and Ephesians 4:3, residents are to earnestly seek to maintain the spirit of love and harmony. Peter encourages Christians to live in harmony with one another, to be compassionate, sympathetic, humble and to love as brothers (1 Peter 3:8). The Psalmist emphasized the spirit that il Villaggio seeks to promote when he said, "How good and pleasant it is when brothers live together in unity" (Psalm 133:1). When proper respect is not given to the views and feelings of others, it may cause hurt and disruption. It is absolutely essential for the well-being of all residents and the preservation of unity at il Villaggio that everyone work together to maintain the spirit of love and peace.

After considering the above, I agree both in spirit and principle, and pledge to respect my brothers and sisters in Christ, thereby doing my part to maintain the spirit of love, unity and peace in the il Villaggio community.

### **PLEASE READ CAREFULLY AND SIGN.**

- I understand that all the written information provided by myself, my physician, mission executive, pastor and others as requested by il Villaggio constitutes a part of my application and agreement with il Villaggio and it will be kept confidential.
- I make application for admission to il Villaggio of my own free will and accord, with the knowledge that I may terminate my residence at il Villaggio and leave at any time.
- I understand that if my application is accepted by the Board of Directors of il Villaggio, my status at il Villaggio will be as a tenant, and I will be entitled to stay at il Villaggio for as long as the Board of Directors allows.
- I am willing to abide by all the community rules that have been submitted to me in writing at the time of the acceptance of my application and according to the Resident Manual, and will be willing to abide by any future rules that the Board of Directors deem necessary to devise and implement.
- I will seek to conduct myself in such a Christian manner so as not to interfere with the peace and harmony of il Villaggio. If I find I am not able to comply with the regulations and rules established by the Board of Directors for residents of il Villaggio, I will immediately move from il Villaggio.
- I realize that because of illness, accident or incapacity, it may become necessary to transport me to, or otherwise seek medical attention on my behalf. I, therefore, authorize il Villaggio staff to transport me, or to seek such attention as they may deem necessary in order that I may receive medical attention, or be transported to a medical facility.
- I waive any and all claims of liability against il Villaggio, its staff and Board of Directors that might arise in connection with said transportation or seeking of medical attention.
- I realize that because of illness, accident or incapacity it may become necessary that I be hospitalized or taken to an assisted care facility or nursing home. I understand that il Villaggio does not offer such care or facilities. When advised by a doctor, and with consultation with family and/or friends, when possible, I agree to such hospitalization or health care. I waive any and all claims of liability against il Villaggio, the Board of Directors and staff that might occur in connection with my hospitalization or placement in a health care facility.
- I understand that neither il Villaggio, the Board of Directors nor its staff will be liable for any expenses resulting in my hospitalization, medical care or residence in a health care facility.

- I understand that following hospitalization, assisted care living, or nursing home care, with a physician's written approval, I may be eligible to return to il Villaggio.
- In the event I am not able to return to il Villaggio within a reasonable amount of time (established by the Board of Directors), and if I am single and living alone, I agree that my personal effects may be stored or disposed of according to my prior instructions.
- I further agree and understand that il Villaggio, its Board of Directors and staff shall not be held liable for any accident or injury I may incur while using any of the recreational equipment, facilities or activities sponsored by il Villaggio or by its staff.

I have read and I am in agreement with il Villaggio's Doctrinal Statement of Faith. \_\_\_\_\_(initial)

Signature: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_

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

**il Villaggio office use:**

Comments:

Board of Directors section: