

**BELLA VILLINO VI CONDOMINIUM ASSOCIATION**

A Corporation Not-for-Profit

C/o PROGRESSIVE COMMUNITY MANAGEMENT, INC.

3701 South Osprey Avenue

Sarasota, Florida 34239

Phone: (941) 921-5393 Fax: (941) 923-7000

**APPLICATION FOR SALE OF UNIT AND APPROVAL**

**PLEASE PRINT ALL INFORMATION**

A non-refundable fee of \$100.00 must accompany this application, payable to Bella Villino VI Condominium Association, Inc. The undersigned proposes to sell Unit No \_\_\_\_\_ Section \_\_\_\_\_

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

To (Purchaser): \_\_\_\_\_, identified below, and the undersigned does hereby apply for approval of this sale by Bella Villino VI Condominium Association, Inc. to which the following information is submitted.

“Attached herewith is a copy of the executed Sales Contract. I understand that any outstanding sums due to Bella Villino VI Condominium Association, Inc. must be paid prior to closing.”

**Attach Copy of Sales Agreement.**

Seller: \_\_\_\_\_ Seller: \_\_\_\_\_

**PURCHASER’S STATEMENT**

Buyer’s Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Buyer’s SS#: \_\_\_\_\_ Spouse SS#: \_\_\_\_\_

Buyer’s DOB: \_\_\_\_\_ Spouse DOB: \_\_\_\_\_

Buyer’s Dr. Lic. #: \_\_\_\_\_ Spouse Dr. Lic. #: \_\_\_\_\_

Present Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business or Profession (Present or Former): \_\_\_\_\_

Position Occupied: \_\_\_\_\_ Active or Retired: \_\_\_\_\_

Bank References and Credit References:

\_\_\_\_\_

Name of Real Estate Company/Agent: (if any) \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Persons who will occupy the unit with you:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**1. Vehicle Information: How many: \_\_\_\_\_**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ Tag: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ Tag: \_\_\_\_\_

**Pet Rules:**

BV I, BV III: 1 Pet is permitted. BV II, BV IV, BV V, BV VI: 2 Pets permitted. Must be leashed and owner responsible for disposal of all excrement from all areas. Do you have a pet(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Pet \_\_\_\_\_  
Weight of pet \_\_\_\_\_

I have read and received a copy of the Declaration of Condominium, the Articles of Incorporation, the Bylaws, Frequently Asked Questions and Answer Sheet and Rules and Regulations of Bella Villino Condominium Association, Inc. I understand my responsibilities as an owner and agree to abide by the provisions of said documents.

\_\_\_\_\_  
Date of Closing                      Signature of Applicant / Purchaser                      Date

\_\_\_\_\_  
Closing Agent                      Telephone Number                      Date

**AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION**

I agree to hold harmless Progressive Community Management, Inc. and all providers of information on the prospective buyer(s) stated above. In the event that the information provided by me (us) is found to be misleading or false my acceptance of this purchase, (whether determination is made before or after my date of occupancy), may be affected.

\_\_\_\_\_  
Date                                      Signature of Applicant

\_\_\_\_\_  
Date                                      Signature of Applicant

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**Action of Board of Directors**

Date: \_\_\_\_\_ Approved:  Disapproved:

\_\_\_\_\_  
Signature of Director                      Title

**PLEASE RETURN APPLICATION TO:** Bella Villino Condominium Association  
4100 Central Sarasota Parkway  
Sarasota, FL. 34238

Please include an **application fee of \$100.00** made payable to:  
Bella Villino VI Condominium Association

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“I hereby authorize Bella Villino VI Condominium Association to obtain a consumer report, and any other information it deems necessary for the purpose of evaluation of my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with the update, renewal, extension or collection with respect or in connection with the rental or lease of residence for which this application was made. I hereby expressly release Bella Villino Condominium Association, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.”

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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