

**THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.**

Progressive Community Management, Inc.  
3701 South Osprey Avenue  
Sarasota, Florida 34239

**APPLICATION TO SELL, RENT, LEASE, LOAN OR TRANSFER AN INTEREST IN A VILLA UNIT**

The Declaration of Condominium of The Hammocks Condominium Association, Inc. requires that all villa sales, rentals, loans, or transfers must be approved in advance by the Board of Directors. All questions in this application must be answered. Any false statement shall be grounds for rejection of the application. Unit owners will be held responsible for all acts of and any damages caused by tenants and other occupants of their villas pursuant to approval of this application.

**PART A: INFORMATION REQUIRED OF OWNERS**

- The undersigned Owner(s) of Unit No. \_\_\_\_\_ wish(es) to:
  - ( ) SELL all interest in the above villa unit, for the sum of \$\_\_\_\_\_, to the person or persons named below; Date of Closing\_\_\_\_\_
  - ( ) RENT or ( ) LEASE the above unit, for the period beginning \_\_\_\_\_, 20\_\_, and ending \_\_\_\_\_, 20\_\_; (3 mo. only with 3 mo. renewable options)
  - ( ) LOAN the use of the named unit for the period beginning \_\_\_\_\_, 20\_\_, and ending \_\_\_\_\_, 20\_\_ to the person or persons named below;
  - ( ) TRANSFER (my / our) interest in the referenced unit, as follows:

- The person(s) with whom I (we) propose to consummate the above-referenced transaction is (are):
 

NAME(S)\_\_\_\_\_

STREET\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

- If there has (have) been prior rental (or rentals) of this unit during the current calendar year, please give the dates and duration of such:
 

\_\_\_\_\_

- If the transaction proposed above has been or is being arranged by a third party or parties who will act as your agent(s) in the matter (e.g., Real Estate Broker), please identify:
 

NAME(S)\_\_\_\_\_

STREET\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

I (We) hereby state that I (we) have made available a copy of the Rules and Regulations of The Hammocks Condominium Association -- and a copy of the Use Restrictions contained in Article X of its Declaration of Condominium -- to the prospective Buyer(s), Renter(s), Lessee(s), Loanee(s) or Transferee(s) named above and in Part B, below. I (We) further agree to accept all responsibility, financial or other, for the occupant's acceptance of and compliance with said Rules, Regulations and Use Restrictions.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_  
OWNER OWNER

**IMPORTANT: The Rules and Regulations and Use Restrictions of the Association are hereby incorporated by reference into this Application and Agreement. A copy of the lease must accompany all rentals.**

**Return to:** Progressive Community Management, Inc., 3701 South Osprey Avenue, Sarasota, Florida 34239, **together with the \$50.00 fee payable to:** The Hammocks Condominium Association, Inc.

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**PART B: Information Required Of Prospective Purchase, Renter, Lessee, Loaneer Or Transferee**

**Please answer ALL questions.**

1. I (We) submit that my (our) name(s) is (are): \_\_\_\_\_ and \_\_\_\_\_ and that I(we) are a prospective ( ) Purchaser, ( ) Renter, ( ) Lessee, ( ) Loaneer, ( ) Transferee with respect to Unit No. \_\_\_\_\_, The Hammocks Condominium Association, and that my (our) current home address and telephone number are as follows:

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE ( ) \_\_\_\_\_

2. Date of birth of the head of the household only: \_\_\_\_\_

Active in business, or retired? \_\_\_\_\_

3. Present or prior business occupation:

Name of business: \_\_\_\_\_

position held: \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

4. Bank references (name, city):

5. Personal references (other than relatives)

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

6. Number and ages of your children, if any. Number \_\_\_\_\_ ages \_\_\_\_\_

7. How many persons will occupy the premises of the unit which is the object of this application? \_\_\_\_\_.

Are these persons inclusive of any minor children under the age of 18 years? \_\_\_\_\_

8. Type of automobile(s) \_\_\_\_\_

- Parking of automobiles in driveway is PROHIBITED.
- I (We) hereby acknowledge receipt of a copy of the Rules and Regulations and Use Restrictions of The Hammocks Condominium Association and agree that all occupants of the referenced unit will abide by them.
- I (We) understand that violations of any of these Rules and Regulations and/or Use Restrictions may result in termination of our occupancy or fines, pursuant to the terms and conditions set forth in the Condominium Documents, whether as applicable to unit owners or to renters, lessees, loanees or transferees, or as may be determined by the Board of Directors and permissible under applicable Florida Statutes.

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

Purchaser, Renter, etc.

**-----FOR MANAGEMENT USE ONLY-----**

Application Received: \_\_\_\_\_ Action Taken: [ ] Approved [ ] Disapproved

Application Review Date: \_\_\_\_\_

If disapproved, reason: \_\_\_\_\_

Directors Acting: \_\_\_\_\_ I hereby certify that the action noted above was taken on the date indicated by the named Review Committee Members on behalf of The Hammocks Condominium Association and is being communicated to the Applicants on \_\_\_\_\_, 20\_\_\_\_.

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

Director