

South Gate Village Green VII Condominium Association, Inc.

APPLICATION (check one) RENTAL/LEASE SALE/PURCHASE

Each application must be completed in its entirety. An incomplete application will not be considered for lease. A copy of the lease agreement must be attached to the application. **A \$100.00 NON-REFUNDABLE fee, payable to the Association** must be attached to each application submitted for approval. **MUST PRINT AND BE LEGIBLE.** Please allow fourteen (14) days for approval; thirty (30) if non-US Citizen.

Unit Address & Unit # _____ Term of Lease / Closing date _____

Name (Print) _____ Spouse (Print): _____

Phone Number: _____ DOB: _____ Phone number: _____ DOB _____

Email Address: _____ Email Address: _____

Driver's License # _____ Driver's License# _____

Present Address: _____ City/State _____ Zip _____

Previous Address _____ City/State: _____ Zip _____

Name of Landlord/Mortgage: _____ Bank (local) _____

Employer: _____ Phone # _____ Employer: _____ Phone # _____

References: Name, Address & Phone # (other than family or Real Estate Agent) Preferably Local:

Real Estate Agent: _____ Pets: (cat, dog, bird) _____ Type: _____ Number: _____

Vehicle Information:

How many: _____ Make(s): _____ Model(s): _____ Year(s): _____ State: _____

Emergency Contact Person _____ Phone: _____

Names of additional persons to Occupy Premises (55 & over Community) _____

I have received and read a copy of all Association's Documents, Rules & Regulations. I understand my responsibilities as a renter/occupant. I agree to abide by the provisions of said documents. Signature: _____ Date: _____

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

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

I do hereby authorize with my (our) signature(s) the release of public records, credit report, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to Progressive Community Management, Inc., and all its members now and in the future for **exclusiv e use of The Association, Inc.**

Owner Authorization

Signature: _____ Date: _____ Signature: _____ Date: _____

Owner Name: _____ Co-Owner: _____

Address: _____ Phone: _____

Approved _____ Disapproved _____

Board Member Signature _____ Title _____ Date: _____

Application and Fee to:

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