

# GOLF POINTE AT PALM AIRE COUNTRY CLUB 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 all applicant's photo ID's and the executed sale/lease agreement must be attached to the application. A \$100.00 NON-REFUNDABLE fee, payable to "Golf Pointe At Palm Aire Country Club Assoc." must be attached to each application submitted for approval. MUST PRINT AND BE LEGIBLE.

Unit Address & Unit # \_\_\_\_\_ Term of Lease / Closing date \_\_\_\_\_

Owner Name: \_\_\_\_\_ Agent/Owner Contact Phone: \_\_\_\_\_

Applicant (Print) \_\_\_\_\_ Co-Applicant (Print): \_\_\_\_\_

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

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Driver's License# \_\_\_\_\_ State: \_\_\_\_\_

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

City/State \_\_\_\_\_ Zip \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

City/State \_\_\_\_\_ Zip \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Names and Ages of all others who will occupy this unit:

Vehicle Information: How many: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_

**\*No motor homes, commercial vehicles, campers, trucks or motorcycles are permitted.**

Emergency Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_

Pets: Yes \_\_\_ No \_\_\_ Number of Pets: \_\_\_\_\_ Breed/Type \_\_\_\_\_ Weight \_\_\_\_\_

**\*Owners are permitted one cat or one small dog, and birds or fish. TENANTS ARE NOT PERMITTED TO HAVE PETS.**

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: \_\_\_\_\_

I agree to hold harmless Progressive Community Management, Inc., and all providers of information on the prospective owner/tenant's stated above. In the event that 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 exclusive use of GOLF POINTE AT PALM AIRE COUNTRY CLUB ASSOCIATION, INC.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Background Check by PCM: \_\_\_\_\_ PCM Initials: \_\_\_\_\_ Comments: \_\_\_\_\_

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

Return Application and Fee to:

**Progressive Community Management Inc.  
3701 S. Osprey Avenue  
Sarasota, FL 34239-6848  
941-921-5393x 1131**