

PALMER LAKE MASTER ASSOCIATION, INC

APPLICATION FOR SALE/RENT MUST include a photocopy of all applicants Driver's Licenses and include a \$100 Application Fee made payable to "Palmer Lake Master"

Return to: Progressive Community Management, Inc., 3701 South Osprey Avenue, Sarasota, FL 34239 Phone: 941-921-5393 / Fax: 941-923-7000

Unit Address & Unit # _____ **Closing Date/ Lease Date:** _____
IF PURCHASE: Will unit be: Part-Time Residence? _____ Full-Time Residence?: _____ Other?: _____

BUYER INFORMATION:

Name #1: _____ **Name#2:** _____
DL# _____ ST: _____ DOB: _____ DL# _____ ST: _____ DOB: _____
Phone: _____ Email: _____ Phone: _____ Email: _____
Present Address: _____ Present Address: _____
Previous Address: _____ Previous Address: _____
#1Employer: _____ Tel: _____ #2Employer: _____ Tel: _____
Names of all occupants under 18 years of age:
_____, _____, _____

References: *(other than family or Real Estate Agents):*

1. Previous Landlord/Mortgager: _____ Phone _____
2. Bank (Preferably Local) _____ Phone _____

Pet(s): Number: _____ Type(s): _____ Weight(s): _____/_____/_____

Vehicle Information: How Many? _____

Make: _____ Model: _____ Year: _____ State: _____ License #: _____
Make: _____ Model: _____ Year: _____ State: _____ License #: _____

Realtor Name: _____ Tel: _____

I have received and read a copy of all Association's Documents and Rules and Regulations and understand my responsibilities as an owner/renter/occupant. I agree to abide by the provisions of said documents.

Buyer Signature: _____ Date: _____

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

I agree to hold harmless, Progressive Community Management, Inc., and all providers of information on the prospective Purchaser(s)/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 sale/lease, whether determination is made before or after my date of ownership/occupancy, may be 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 Palmer Lake Master Association.

Signature Date: _____

Signature Date: _____

UNIT OWNER:

Unit Owner Name(s) (Print): _____
Address: _____ Phone _____
(Other Than Unit Being Sold/Leased)

Owner's/Seller's Signature: _____ Date: _____

REVIEW:

Background Check: _____ Credit Check: _____ PCM: Initials _____ Comments: _____
Action by Association: Approved _____ Not approved _____ Conditions: _____
Signature _____ Title: _____ Date: _____