

# Del Tierra Homeowners Association, Inc.

APPLICATION (check one)

RENTAL/LEASE



SALE/PURCHASE



Each application must be completed in its entirety. An incomplete application will not be considered. A copy of the lease agreement must be attached to the application. A \$100.00 NON-REFUNDABLE fee, payable to DEL TIERRA HOMEOWNERS ASSOCIATION, INC. must be attached to each application submitted for approval. PLEASE PRINT AND BE LEGIBLE.

**Submit Completed Application to:** Progressive Community Management, C/O Justin Patterson

3701 S. Osprey Ave., Sarasota, FL 34239

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

Name: \_\_\_\_\_ Drivers License#: \_\_\_\_\_ St: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse: \_\_\_\_\_ Drivers License#: \_\_\_\_\_ St: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of additional persons to Occupy Premises (under 18): \_\_\_\_\_

Bank/Mortgage Lender: \_\_\_\_\_ Phone: \_\_\_\_\_

Rental Agent/Unit Owner \_\_\_\_\_ Phone: \_\_\_\_\_

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

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_

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

Pet(s): Yes  No  Type(s) & Weight(s): \_\_\_\_\_

**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/ 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 Del Tierra Homeowners' Association, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



*"A Leader in Association Management"*

## **Del Tierra – GATE AND AMENITY KEY FOB ASSIGNMENT FORM**

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

### **To Be Filled Out by the Management Company:**

Number of Key Fobs assigned: \_\_\_\_\_

Number(s) Assigned: \_\_\_\_\_  
\_\_\_\_\_

Please keep a copy of this form with your assigned numbers. *As the Owner of record, you are responsible for the key fobs and their use by any Tenant and/or Guest.*

**Providing access to guests:** The phone number provided above will be entered into the directory system. When guests arrive, they will scroll through the system to find the owner name and then press the phone button. The system will call the number associated with the owner, and connect you and the guest. If you choose to open the gates, you will press 9 from your telephone.

**Fee for replacement key fob(s):** If an Owner loses or needs to replace a key fob, there will be a charge of \$30.00 per key fob. Checks or Money Orders should be made payable to Del Tierra Homeowners' Association, Inc.