

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.