

THE LAKESIDE CLUB OF SARASOTA

MUST INCLUDE: Application Fee of \$100 payable to "The Lakeside Club of Sarasota" & copies of all Driver's Licenses.

RETURN TO: Progressive Community Management, Inc., 3701 South Osprey Ave., Sarasota, FL 34239

ATTENTION: Elise Angeloro, Manager/Phone: (941) 921-5393

UNIT ADDRESS: _____

UNIT OWNER NAME: _____ **OWNER PHONE NO:** _____

SALE? ___ RENTAL? ___ From Date: _____ **to** _____ **OR Closing Date:** _____

Real Estate Agent: _____ **Company:** _____ **Phone:** _____

**No unit shall be leased for a period less than three months and no more than two times per calendar year.*

APPLICANT INFORMATION

Applicant(1): _____ DOB: ___/___/___ DL#: _____ ST: _____

Phone: _____ Other Phone: _____ Email: _____

Previous Address: _____ City _____, ST _____, Zip: _____

Own/Rent? _____ How long? _____ Landlord: _____ Landlord Phone: _____

Applicant(2): _____ DOB: ___/___/___ DL#: _____ ST: _____

Phone: _____ Other Phone: _____ Email: _____

Previous Address: _____ City _____, ST _____, Zip: _____

Own/Rent? _____ How long? _____ Landlord: _____ Landlord Phone: _____

Have any of the persons listed above been convicted of a felony? NO ___ YES ___ If Yes please explain: _____

Please list names & ages of all children to live in residence:

1) _____ / ___ 2) _____ / ___ 3) _____ / ___ 4) _____ / ___

Do you own or contemplate owning a motorcycle, truck, trailer, camper, boat? YES ___ NO ___ **see rules/restrictions*

Do you own or contemplate owning a household pet? YES ___ NO ___

Breed: _____ Color: _____ Weight: _____ Height: _____ **see rules/restrictions*

VEHICLE(S)

1) Make _____ Model _____ Color _____ Year _____ Tag# _____ ST _____

2) Make _____ Model _____ Color _____ Year _____ Tag# _____ ST _____

EMPLOYMENT

APPLICANT (1) Employer Name: _____ Phone: _____

Occupation/Position: _____ How long? _____ Monthly \$ _____

APPLICANT (2) Employer Name: _____ Phone: _____

Occupation/Position: _____ How long? _____ Monthly \$ _____

PERSONAL REFERENCES

Name _____ Relation _____ Phone Numbers(s) _____

Name _____ Relation _____ Phone Numbers(s) _____

EMERGENCY CONTACTS (*Required)

Name _____ Relation _____ Phone Numbers(s) _____

Name _____ Relation _____ Phone Numbers(s) _____

READ BEFORE SIGNING. It is my/our understanding that this application is preliminary only and involves no obligation of the Board of Directors to approve this application. I/We certify that the above information is correct and authorize the Board of Directors & Progressive Community Management, Inc. to make a thorough personal, background, and credit investigation. All Applicants must be interviewed prior to moving in. A copy of the Rules and Regulations has been given to me/us and I/we hereby acknowledge receipt of same. I/we understand the Rules and Regulations and hereby agree to abide by them (attached).

Applicant(1) Signature _____

Date _____

Applicant(2) Signature _____

Date _____

BOARD MEMBER/SCREENING COMMITTEE

[] Approved [] Disapproved – (Disapproved Reason): _____

Interview Date _____ Time _____ Spoke with _____ Reviewed Rules []

Notes: _____