

GULFVIEW HOMEOWNER'S ASSOCIATION, INC.

APPLICATION FOR RENTAL/LEASE OR SALE/PURCHASE

Each application must be completed in its entirety. An incomplete application will not be considered for lease. A copy of the lease agreement must be attached to the application. A \$100.00 NON-REFUNDABLE fee, payable to Gulfview Homeowner's Association, must be attached to each application submitted for approval. ****MUST PRINT AND BE LEGIBLE**** Please allow 14 days for US applications, 30 days for International applications. *****PLEASE COMPLETE APPLICATION IN IT'S ENTIRETY*****

Unit Address & Unit #: _____ Term of Lease/Closing date: _____
Name: _____ Spouse: _____
Social Security: _____
Date of Birth: _____
Email Address: _____
Driver's License #: _____
Present Address: _____
City, State, Zip code: _____
Primary Mailing Address: _____
City, State, Zip code: _____
Primary Phone Number: _____
Cell Phone Number: _____
Employer: _____ Phone: _____ Employer: _____ Phone: _____

References: Name, Address & Phone # (other than family or Realtor) Preferably Local:

Real Estate Agent: _____ Phone: _____ Email: _____

Pets: (cat, dog, bird) _____ Type: _____ Weight: _____

Vehicle Information: Make: _____ Model: _____ Year: _____ State: _____ Tag: _____

Vehicle Information: Make: _____ Model: _____ Year: _____ State: _____ Tag: _____

Emergency Contact: _____ Phone: _____

Names of additional persons to Occupy Premises (give ages if under 18):

I have received and read a copy of all Association's Documents, Rules & Regulations, and Guidelines for Leasing/Owning a Property. I understand my responsibilities as an owner, tenant, and/or occupant. I agree to abide by the provisions of said documents.

Signature: _____ Date: _____ Signature: _____

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 is found to be misleading or false, my acceptance for this lease whether determination is made before or after my date of occupancy, may be affected. I authorize with my/our signature(s) the release of public records, credit report, rental or lease and/or employment verification, whether by fax, verbal, photocopy or original signatures, to Progressive Community Management, Inc and all its members now and in the future for exclusive use of the Association.

Applicant: _____ Signature: _____ Date: _____

Applicant: _____ Signature: _____ Date: _____

Return Application and Fee payable to: **Progressive Community Management, Inc.**
3701 South Osprey Avenue
Sarasota, FL 34239

Action by Association: Approved: _____ Not Approved: _____ Conditions: _____
Authorized Signature: _____ Date: _____