

**HARBOR VIEW ON GOLDEN GATE POINT
CONDOMINIUM ASSOCIATION, INC.
SARASOTA, FLORIDA 34236
941-921-5393**

RENTAL APPLICATION

MUST BE SUBMITTED AT LEAST 20 DAYS PRIOR TO OCCUPANCY DATE

ATTACH TWO (2) CHECKS PER APPLICANT

#1 FOR \$100.00 PER APPLICANT

#2 \$1,000.00 MOVE IN/MOVE OUT DEPOSIT

MAKE CHECKS #1 and #2 payable to:

HARBOR VIEW ON GOLDEN GATE POINT CONDOMINIUM ASSOCIATION, INC.
SPOUSES MAY FILL OUT ONE APPLICATION BUT THE OWNER(S) MUST SUBMIT TWO CHECKS,
TWO PERSONS NOT MARRIED MUST FILL OUT SEPARATE APPLICATIONS
AND THE OWNER(S) MUST SUBMIT CHECKS FOR EACH.

UNIT _____

650 GOLDEN GATE POINT

OWNER(S) NAME _____ PHONE _____

RENTAL PERIOD FROM _____ TO _____

RENTAL PER MONTH \$ _____

In order to facilitate consideration of my/our application for rental at HARBOR VIEW ON GOLDEN GATE POINT CONDOMINIUM ASSOCIATION, INC., I/we represent that the following information is factual and true. I/we consent to you making further inquiries concerning this application particularly the background checks and the references given.

NAME OF APPLICANT _____ DOB _____ DL # _____

SPOUSE - APPLICANT _____ DOB _____ DL # _____

ONLY TWO (2) PERSONS ARE ALLOWED PER BEDROOM

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRESENT LANDLORD/MORTGAGE CO. _____ PHONE NUMBER _____

WHY MOVING? _____ MONTHLY RENT/MORTGAGE \$ _____ MORTGAGE # _____

APPLICANT HOME PHONE _____ APPLICANT BUSINESS PHONE# _____

CURRENT EMPLOYER _____ POSITION _____ INCOME \$ _____

EMPLOYED FROM _____ UNTIL _____ BUSINESS PHONE# _____

SUPERVISOR'S NAME _____ SUPERVISOR'S PHONE # _____

EMPLOYER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

RENTAL APPLICATION

PREVIOUS EMPLOYER _____ POSITION _____ INCOME \$ _____

EMPLOYED FROM _____ UNTIL _____ BUSINESS PHONE# _____

SUPERVISOR'S NAME _____ SUPERVISOR'S PHONE # _____

EMPLOYER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

SPOUSE'S EMPLOYER _____ POSITION _____ INCOME \$ _____

EMPLOYED FROM _____ UNTIL _____ BUSINESS PHONE# _____

SUPERVISOR'S NAME _____ SUPERVISOR'S PHONE # _____

EMPLOYER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREVIOUS EMPLOYER _____ POSITION _____ INCOME \$ _____

EMPLOYED FROM _____ UNTIL _____ BUSINESS PHONE# _____

SUPERVISOR'S NAME _____ SUPERVISOR'S PHONE # _____

EMPLOYER'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE# _____ BUSINESS PHONE# _____

ONLY TWO AUTOMOBILES ARE ALLOWED PER UNIT. AUTOMOBILE(S) TO BE PARKED IN DESIGNATED PARKING SPOT(S).

YEAR _____ MAKE _____ MODEL _____ STATE _____ TAG _____

YEAR _____ MAKE _____ MODEL _____ STATE _____ TAG _____

TYPE, NUMBER AND WEIGHT RESTRICT PETS. IF YOU HAVE A PET THAT QUALIFIES FOR RESIDENCY, PLEASE ATTACH A SIGNED APPROVAL LETTER FROM THE UNIT OWNER(S) IF YOU DESIRE TO HAVE THE PET RESIDE IN THE UNIT. THE UNIT OWNER(S)' WRITTEN APPROVAL LETTER IS REQUIRED IN ORDER FOR THE BOARD OF DIRECTORS TO APPROVE YOUR APPLICATION.

THERE CAN ONLY BE ONE DOG OR ONE CAT OR ONE CAGED BIRD OR ONE FISH TANK IN EACH UNIT

APPROVAL OF PET _____
Unit owner signature

INCLUDE: APPROVAL LETTER ATTACHED PHOTO OF PET ATTACHED

DESCRIPTION OF PET:

TYPE _____ BREED _____ HEIGHT AT SHOULDER _____ WEIGHT _____

RENTAL APPLICATION

CHARACTER REFERENCES:

1. NAME _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ BUSINESS PHONE # _____

2. NAME _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ BUSINESS PHONE # _____

Have you ever had an eviction notice filed or left owing money to an owner or landlord? Applicant: Yes ___ No ___
Spouse: Yes ___ No ___

Have you applied for residency in the past 2 years but did not move in? Applicant: Yes ___ No ___
Spouse: Yes ___ No ___

Have you ever had adjudication withheld or been convicted of a crime? Applicant: Yes ___ No ___
Spouse: Yes ___ No ___

If you have answered yes to any of the above questions please explain the circumstances on the back of this form.

I/we understand that I/we shall apply for approval of the proposed lease and consent to an interview at least 15 days prior to the commencement of the proposed term. I/we understand that each lease and addendum shall contain an agreement of the lessee(s) to comply with the Condominium Documents. I/we understand that the lease will contain a provision appointing Harbor View on Golden Gate Point Condominium Association, Inc. as agent for the unit Owner so the Association may act on behalf of the Owner to enforce the lease, evict the lessee(s) or otherwise.

I/we will not sublet the Unit or assign the lease without the prior written consent of the Owner(s) and the Board of Directors of Harbor View on Golden Gate Point Condominium Association, Inc.

I/we acknowledge that I/we have received a copy of, read and understand the Condominium Documents and Rules and Regulations of Harbor View on Golden Gate Point Condominium Association, Inc. and I/we will abide by same, as well as new Rules and Regulations that may be adopted in the future.

After reading the above documents, I/we understand that among other things, the Use Restrictions of Harbor View on Golden Gate Point Condominium Association, Inc.

AUTHORIZATION OF RELEASE OF INFORMATION: Applicant(s) represent(s) that all of the above information and statements on all pages of this application for rental are true, accurate and complete, and hereby authorize(s) an investigative consumer report including, but not limited to, residential history (rental and/or mortgage), employment history, credit history, court records, criminal background checks and credit records. All parties must sign this application before it can be processed. Applicant(s) acknowledge(s) that failure to provide correct and true information constitutes a criminal offense in the state of Florida.

The application fee and background check fee are non-refundable.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF UNIT OWNER _____ DATE _____

SIGNATURE OF UNIT OWNER _____ DATE _____

RENTAL APPLICATION

CRIMINAL CHECK

BACKGROUND CHECK

APPLICANT

APPLICANT'S SPOUSE

*NAME _____ *NAME _____

*ADDRESS _____ *ADDRESS _____

*CITY _____ *CITY _____

*STATE _____ *ZIP _____ *STATE _____ *ZIP _____

*SOCIAL SECURITY NO _____ - ____ - _____ *SOCIAL SECURITY NO _____

*DATE OF BIRTH _____ *DATE OF BIRTH _____

PHONE NUMBER _____ PHONE NUMBER _____

CELL PHONE _____ CELL PHONE _____

*DRIVER'S LICENSE STATE _____ *DRIVER'S LICENSE STATE _____

*DRIVER'S LICENSE # _____ *DRIVER'S LICENSE # _____

LANDLORD'S NAME _____ LANDLORD'S NAME _____

LANDLORD'S PHONE # _____ LANDLORD'S PHONE # _____

CURRENT RENT OR MORTGAGE \$ _____ CURRENT RENT OR MORTGAGE \$ _____

EMPLOYER _____ EMPLOYER _____

EMPLOYER PHONE # _____ EMPLOYER PHONE # _____

SUPERVISOR _____ SUPERVISOR _____

HOW LONG ON JOB? _____ HOW LONG ON JOB? _____

MONTHLY WAGES OR SALARY \$ _____ MONTHLY WAGES OR SALARY \$ _____

***ITEMS MARKED WITH THIS ASTERISK ARE REQUIRED. A COPY OF DRIVER'S LICENSE(S) IS/ARE REQUIRED**

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

I/we agree to hold harmless all providers of information on the prospective tenant(s) stated above. In the event that the information provided by me/us is found to be false, my/our acceptance for this rental, lease, or purchase, whether determination is made before or after my/our date of occupancy may be affected. I/we do hereby authorize with my/our signature(s), to release public records, credit reports, rental and lease information, mortgage information and employment verification, whether by fax, verbal, photo copy or original signature, to: Harbor View on Golden Gate Point Condominium Association and/or their agent.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

**RENTAL APPLICATION
APPLICATION DOES NOT IMPLY APPROVAL**

BOARD OF DIRECTORS' APPROVAL

TENANT(S) _____

UNIT _____ OWNER(S) _____

FROM _____ TO _____

INTERVIEW HELD ON _____

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BOARD MEMBER _____ DATE _____

BOARD MEMBER _____ DATE _____

BOARD MEMBER _____ DATE _____

Attachments:

Security deposit in the amount of one months rent made out to Harbor View on Golden Gate Point Condominium Association, Inc.

\$100.00 application check made out to Harbor View on Golden Gate Point Condominium Association, Inc.

\$1,000.00 move in deposit made out to Harbor View on Golden Gate Point Condominium Association, Inc.

PHOTO COPY OF ACCEPTABLE ID FOR EACH APPLICANT, ID MUST HAVE A PICTURE OF THE APPLICANT

COPY OF FINAL LEASE SIGNED BY ALL PARTIES

If not included in the lease, an ADDENDUM appointing Harbor View on Golden Gate Point Condominium Association, Inc. and the Board of Directors of Harbor View on Golden Gate Point Condominium Association, Inc. as agents for the unit Owner(s) and lessee(s) so the Association may act on behalf of the Owner (s) to enforce the lease, evict the lessee(s) or otherwise.

ADDENDUM TO LEASE

UNIT _____ 650 GOLDEN GATE POINT

FROM _____ TO _____

LESSEE(S) AND LESSOR(S) MUTUALLY AGREE THAT LESSEE(S) WILL COMPLY FULLY WITH ALL CONDOMINIUM DOCUMENTS AND RULES & REGULATIONS AS PRESENTLY WRITTEN AND ALL FUTURE CHANGES THAT MAY OCCUR. VIOLATIONS OF DOCUMENTS AND RULES & REGULATIONS CONSTITUTE A BREACH OF LEASE.

LESSEE(S) AND LESSOR(S) MUTUALLY AGREE THAT LESSEE(S) AND UNIT OWNER(S) HEREBY APPOINT HARBOR VIEW ON GOLDEN GATE POINT CONDOMINIUM ASSOCIATION, INC. AND THEIR BOARD OF DIRECTORS AS AGENTS FOR THE UNIT OWNER AND ACKNOWLEDGE THAT GOLDEN GATE POINT CONDOMINIUM ASSOCIATION, INC. AND THEIR BOARD OF DIRECTORS MAY ACT ON THE BEHALF OF THE OWNERS(S) TO ENFORCE THIS LEASE, EVICT THE LESSEE(S) OR OTHERWISE.

LESSEE _____ DATE _____

LESSEE _____ DATE _____

LESSOR _____ DATE _____

LESSOR _____ DATE _____

OWNER _____ DATE _____

OWNER _____ DATE _____

This page is for Owners only.

PLEASE REFER TO:

**THE DECLARATION OF CONDOMINIUM
ARTICLE 21. Lease of Units**

RULES AND REGULATIONS

FLORIDA CONDOMINIUM LAW §718.116(4)

“If the association is authorized by the declaration or bylaws to approve or disapprove a proposed lease of a unit, the grounds for disapproval may include, but are not limited to, a unit owner being delinquent in the payment of an assessment at the time the approval is sought.”

**PLEASE NOTE THAT ALL PROSPECTIVE
TENANTS MUST BE INTERVIEWED BY
THE BOARD OF DIRECTORS PRIOR TO
APPROVAL AND MOVE-IN.**

MAIL TO:

**PROGRESSIVE COMMUNITY MANAGEMENT
3701 SOUTH OSPREY AVENUE
SARASOTA, FL 34239**

DO NOT FAX