

**THE HAMMOCKS CONDOMINIUM ASSOCIATION**

c/o Progressive Community Management, Inc.  
3701 South Osprey Avenue  
Sarasota, Florida 34239

**RENTAL RENEWAL FORM**

The undersigned requests approval by the unit owners of The Hammocks Condominium Association, Inc. to occupy Unit \_\_\_\_\_ as a lessee, renter, guest (circle one) for a three-month period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_. (Additional like periods are subject to approval.)

1. Name of **Applicant**: \_\_\_\_\_

2. Present **Address**: \_\_\_\_\_

3. Telephone Numbers: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Business: ( ) \_\_\_\_\_ - \_\_\_\_\_

4. Name and Phone number, Emergency Contact: \_\_\_\_\_

5. Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

6. Vehicle(s) Make: \_\_\_\_\_ Model: \_\_\_\_\_ License #: \_\_\_\_\_

7. The **Applicant** understands that the Association does not provide services, maintenance or repairs inside individual units and that the common elements must be respected at all times.

8. The **Applicant** has received a copy of the Rules and Regulations and agrees to abide by them.

**Applicant's initials** \_\_\_\_\_.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

The Unit **Owner** is aware of and assumes responsibility for the accuracy of the information given above.

Date: \_\_\_\_\_ Owner/Authorized Representative: \_\_\_\_\_

Board or Rental Committee Action: **Approved** ( ) **Disapproved** ( )

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title

**This application must be mailed or delivered to Progressive Community Management, Inc.  
3701 South Osprey Avenue, Sarasota, Florida, 34239, thirty (30) days prior to renewal date.**