

**Highland Park Condominium Association, Inc.**

APPLICATION (check one)  RENTAL/LEASE  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 the Association must be attached to each application submitted for approval. MUST PRINT AND BE LEGIBLE.

Unit Address & Unit # _____	Term of Lease / Closing date _____
Name (Print) _____	Spouse (Print): _____
Social Security # _____ DOB: _____	Social Security # _____ DOB _____
Email Address: _____	Email Address: _____
Driver's License # _____ State: _____	Driver's License# _____ State: _____
Present Address: _____	City/State _____ Zip _____
Phone Number: _____	
Previous Address _____	City/State: _____ Zip _____
Name of Landlord/Mortgage: _____	Bank (local) _____
Employer: _____ Phone # _____	Employer: _____ Phone # _____
References: Name, Address & Phone # (other than family or Real Estate Agent) Preferably Local: _____	

**Vehicle Information:**

How many: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ 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. 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 Highland Park Condominium Association, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Background Check by PCM: \_\_\_\_\_ PCM Initials: \_\_\_\_\_ Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Return Application and Fee to:

**Progressive Community Management Inc.**  
3701 South Osprey Avenue  
Sarasota, FL 34239-6848  
941-921-5393