

# 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:** Kim Ueding, Manager/Phone: (941) 921-5393 Ext 1154

**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.*

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## 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: \_\_\_\_\_