

# Lido Presidential Inc.

APPLICATION (check one)  RENTAL/LEASE  SALE/PURCHASE

This application must be completed in its entirety and submitted before any contract is entered into. It is the applicant's responsibility to see that the real estate agent complies with these procedures. All applications MUST include a \$100 application fee per individual (or married couple), made payable to **Lido Presidential Inc.**, and a photocopy of Driver's License for all applicants. Please allow fourteen (14) days for approval. Rental and Sale approvals are given verbally. E-mail confirmation is available upon request.

Unit Address & Unit # \_\_\_\_\_ Term of Lease / Closing date \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Co-Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name (Print) \_\_\_\_\_ Name 2 (Print): \_\_\_\_\_

Phone number: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone number: \_\_\_\_\_ DOB \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Present Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

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:

Real Estate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you need a Medically Warranted Service or Support Animal? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Animal: \_\_\_\_\_ Please attach your medical papers warranting the animal. All animal requests are reviewed by our attorney. Also, the paperwork for condo standards for approved animals will require your signature. The condo standard for approved dogs is on the LidoPresidential.com website under the tab Condo Documents.

Vehicle Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ Tag #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ Tag #: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Names and Ages of additional occupants (and ages if under 18 yr) \_\_\_\_\_

I have received and read a copy of all Association's Documents, Rules & Regulations. I understand my responsibilities as an owner/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 sale/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 the Association.

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

Action by Association: Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Conditions: \_\_\_\_\_

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

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