

ORCHID COVE CONDO ASSOCIATION INC.
APPLICATION

APPLICATION (check one) RENTAL/LEASE SALE/PURCHASE

This application must be completed in its entirety and submitted before any contract is entered into. All applications MUST include a \$150.00 application fee per individual (or married couple), payable to **Orchid Cove Condominium Association, Inc.**, and a photocopy of Driver's License for all applicants. Please allow twenty (20) days for approval.

Unit Address & Unit # _____ **Term of Lease / Closing date** _____

Owner Name: _____ **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 _____

Employer: _____ Phone # _____ Employer: _____ Phone # _____

Names and ages of all other occupants: (MAX of 6 total occupants)

_____, _____, _____, _____

Bank Reference - Name, Address & Phone #:

Personal Reference - Name, Address & Phone #:

Real Estate Agent Name: _____ **Phone:** _____

Pets: (MAX 2 small, domesticated breeds 40 lbs or less)

Type/Breed: _____ Height: _____ Weight: _____

Type/Breed: _____ Height: _____ Weight: _____

Vehicle Information:

Make:: _____ Model: _____ Year: _____ State: _____ Tag #: _____

Make:: _____ Model: _____ Year: _____ State: _____ Tag #: _____

Emergency Contact Person: _____ Phone: _____

I/We have received and read the Rules & Regulations adopted by the Association and agree to abide by them. We understand that occupancy by small pets is limited to not more than two (2) ordinary household pets, excluding, among others, reptiles, rodents, poultry, amphibians, exotic pets or livestock. No pet over 40 pounds is allowed by any occupant.

Signature: _____ Date: _____ 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 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: _____

I/We initial my/our acceptance of and agreement with each statement below (each Applicant shall initial):

___ I have read the Orchid Cove Rules and Regulations adopted by the Association’s Board of Directors which are attached to and made a part of this Application, and I agree to abide by all of them. I understand that any violation of these Rules and Regulations will be grounds for the Board of Directors to require the unit owner to evict all occupants from the leased premises.

___ I agree that the Orchid Cove Board or its designee may make inquiry of any of the references provided herein. I agree to provide the necessary information for the background check on the form that accompanies this Application.

___ By providing my email address, I thereby agree to receive communications electronically from the Orchid Cove Board or its Property Manager on Orchid Cove matters during the lease period.

___ I understand that trailers, campers, boats, or commercial vehicles are NOT permitted to be parked or kept in Orchid Cove.

___ I understand that a \$150.00 non-refundable fee per individual/married couple payable to “Orchid Cove Condominium Association” must accompany this Application. I herewith submit: Check #

I, the undersigned applicant, in submitting and signing this Application, warrant that all of the information I have provided is true and correct, and I understand that any intentional misrepresentations shall be the basis for automatic disapproval of this Lease Application.

SIGNATURE OF LEASE APPLICANT 1

SIGNATURE OF LEASE APPLICANT 2

PRINTED NAME OF LEASE APPLICANT 1

PRINTED NAME OF LEASE APPLICANT 2

Date _____

Date _____



ORCHID COVE CONDO ASSOCIATION APPLICATION APPROVAL:

APPROVED _____ NOT APPROVED _____

President, Board of Directors _____ Date _____

PLEASE NOTE, AS REQUIRED BY ASSOCIATION DOCUMENTS:

1. A fully completed and signed copy of the proposed Lease Agreement must accompany and be returned with this Application.
2. The \$150.00 fee per applicant/married couple covers the background and criminal check costs of this Application.
3. If either the copy of the Lease Agreement or the \$150.00 fee does not accompany this Application, the Orchid Cove Board of Directors will take no action and your Application will be automatically disapproved.

RETURN COMPLETED APPLICATION TO:

Orchid Cove Condominium Association
C/O Progressive Community Management Attn: Judie Littell
3701 South Osprey Ave Sarasota FL 34239-6848