

# Village Green Section 15, Association, Inc.

## *APPLICATION FOR SALE OR LEASE*

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): \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_ DOB \_\_\_\_\_

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

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

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:

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Real Estate Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Vehicle Information:

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

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/ tenants stated above. In the event 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 The Association, Inc.**

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

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

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

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**