

HUDSON OAKS CONDOMINIUM ASSOCIATION, INC

SALES APPLICATION FOR UNIT OWNERS TO SUBMIT TO PROGRESSIVE COMMUNITY MANAGEMENT FOR BOARD REVIEW AND APPROVAL

Please submit the completed application to:

Progressive Community Management
3701 S. Osprey Ave.
Sarasota, FL 34239
Phone: 941-921-5393

UNIT # _____ Closing Date: _____

Owner/Agent: _____ Address: _____

EMAIL: _____ Phone: _____

This Application must be completed by the proposed owner(s) ("Applicant") and submitted for approval **PRIOR TO MOVING IN**. **Please also include a copy of the sales agreement/contract, a check or money order for \$150 and a copy of the applicant(s) driver license.**

The applicant(s) hereby grants permission to the unit owner and/or Casey Condominium Management, as agent for the Board of Directors, to contact any and all references and to obtain a complete background report on the applicant(s), with the understanding that all information will be held in strict confidence. Progressive Community Management will process the application including background screening and provide the Application packet to the Board President, or other available Officer, for final approval. Owners and Applicants are reminded the application approval process may take up to 10 days and applicants, whether approved or denied, will be notified by written notice. Possession or occupancy of a unit by an owner is strictly prohibited until written approved is received.

The NON-REFUNDABLE application fee is \$150.00. Please make check payable to:

HUDSON OAKS CONDOMINIUM ASSOCIATION, INC.

Any **application received less than seven (7) days** prior to agreement occupancy date will be charged an **additional NON-REFUNDABLE of \$50.00** for special handling and expediting required.

APPLICANT SIGNATURE

DATE

UNIT #

HUDSON OAKS - APPLICANT INFORMATION

NAME #1 _____ AGE _____ SS# _____

EMAIL: _____ PHONE: _____

PRESENT ADDRESS _____

HAVE LIVED AT THIS ADDRESS FROM _____ TO _____

OCCUPATION _____ EMPLOYER _____

BUSINESS ADDRESS _____

NAME #2 _____ AGE _____ SS# _____

EMAIL: _____ PHONE: _____

PRESENT ADDRESS _____

HAVE LIVED AT THIS ADDRESS FROM _____ TO _____

OCCUPATION _____ EMPLOYER _____

BUSINESS ADDRESS _____

ADDITIONAL OCCUPANTS:

Please list all other persons who will occupy the unit with you.

NOTE: Condominium rules **PROHIBIT MORE THAN FOUR (4) PERSONS** on a regular basis. This includes unit owner(s)/Lessee(s) and Guests.

NAME: _____ RELATION _____ AGE _____

NAME: _____ RELATION _____ AGE _____

NAME: _____ RELATION _____ AGE _____

VEHICLE INFORMATION:

Please list all vehicles that you will keep on the premises:

MAKE _____ YEAR _____ TYPE _____ TAG NO: _____

MAKE _____ YEAR _____ TYPE _____ TAG NO: _____

NOTE: Pick-up trucks, boat trailers, commercial vehicles and RV-type vehicles are prohibited.
Violators' vehicles will be towed immediately.

HUDSON OAKS - APPLICANT INFORMATION

PET INFORMATION: Maximum two pets under 35lbs each; board approval required.

PET TYPE _____ BREED _____ WEIGHT _____ AGE _____

PET TYPE _____ BREED _____ WEIGHT _____ AGE _____

EMERGENCY CONTACTS: Please list your emergency contacts:

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

APPLICANT AGREEMENT: Please read and sign the below agreement

My signature acknowledges that I have read, understand and will abide by Hudson Oaks Condominium Associations, Inc.'s Deed Restrictions, Rules & Regulations.

I also hereby acknowledge that I will pay promptly any sums due the Association, including compensation for any damages to the common elements or Association property; and, I authorize the Unit Owner, the Board of Directors, and/or its authorized agent(s) to investigate my background which will include credit, criminal, eviction, sexual predator/offender search, present & previous rental verification, and, if necessary, employment verification.

APPLICANT SIGNATURE

DATE

UNIT #

APPLICANT SIGNATURE

DATE

UNIT #

HUDSON OAKS – BACKGROUND CONSENT FORM

Date: _____

Contact Name: _____ Package: A B C D E

Phone: _____ Fax: _____ Email: _____
Applicant _____ Maiden/Alias: _____

Print Full Legal Name: _____

Current Street Address: _____

City: _____ ST _____ Zip: _____

Home Phone : _____

Driver's License Number: _____ State of Issuance: _____

SSN: _____ DOB: _____

College or University: _____ Degree: _____

Address: _____ Date of Graduation: _____

Previous Addresses (for last 7 years):

Address: _____

City: _____ ST _____ Zip: _____

Address: _____

City _____ ST _____ Zip: _____

Current Employer: _____

Address: _____

City _____ ST _____ Zip: _____

Phone: _____ Supervisor: _____

Dates of Service: _____ Salary: _____

Reason for leaving: _____

I, the undersigned, understand that an investigative background inquiry is to be made on myself, including but not limited to identity and prior address(es) verification, criminal history, credit history, education verification, licensing verification, prior employment verification, reason(s) for termination of prior employment, work and other references, as well as other information. I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, private and other sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance, as well as other information.

I authorize, without reservation, the contacting of any company, agency, party, or other sources to verify & furnish the above information. I also hereby consent to the retrieval of the above information and I further understand that to aid in the proper identification of my files or records, I am willingly providing the following information, as well as any other information that may be required and or requested at a later date.

APPLICANT SIGNATURE

DATE

UNIT #

HUDSON OAKS - RULES ACKNOWLEDGEMENT FORM

HUDSON OAKS is a quiet community of responsible and respectful adults. By initialing to the left of each rule you hereby acknowledge having read and will abide by the community rules and further **acknowledge that a violation may result in \$100 per day fine up to a maximum \$1,000.**

_____ Be respectful when parking on the premises. Do not block the vehicles of other occupants. **Boat trailers, commercial vehicles, RV-type vehicles are NOT PERMITTED. PICKUP TRUCKS of any size are NOT PERMITTED on the PAVERS. Violators' vehicles will be immediately towed at owners' expense.**

_____ Moving/delivery trucks and step-vans are prohibited from driving on or parking on any area covered by pavers. Such vehicles must be parked on and unloaded from the street only. No exceptions. **Any such vehicle that found parked on the pavers will be towed immediately at owner's expense.**

_____ Pool hours are designated by signage. Do not leave your belongings at the pool unattended. No loud music pool-side. Pool guests must be accompanied by unit occupant(s). Children under the age of 14 must never be unsupervised poolside.

_____ Social events that include using the pool or any other common areas must first be pre-approved by Management. When planning an outside event please contact management with details.

_____ This is NON-SMOKING campus in ALL public/common areas.

_____ Boat docking is by board approval only; proof of boat insurance is required to dock any vessel at Hudson Oaks. Kayak racks are available; please contact property management for available rack space. Do not use the electrically equipped dock pilings (bollards) to secure boat lines, or cables.

_____ Only 2 pets (dogs or cats only) are allowed and each pet may not weigh more than 35 pounds. Board approval required for pets BEFORE move in. Pet owners must pick up after your pets on the premises and dispose of pet waste in receptacles inside sealed plastic or sealed paper.

_____ Trash and recycling shed must be kept neat and orderly; ALL large cardboard packaging MUST be broken down and neatly placed inside recycle bin or adjacent. If a resident does not break down their cardboard boxes, recycling privileges for these items may be revoked. Never dispose of petroleum fluids or paints, or hazardous materials on premises.

_____ There is no storage whatsoever in the carports and hallways. Use assigned unit storage room. Items in these common areas will be disposed of by property management.

_____ All balconies are limited-common areas and cannot be used to store trash or unsightly items including laundry of any kind.

_____ NO NOISE--QUIET HOURS are enforced from 10:00 p.m. to 9:00 a.m. Disorderly conduct will not be tolerated. Sarasota Police will be called to mitigate if necessary.

APPLICANT SIGNATURE

DATE

UNIT #

HUDSON OAKS - PET POLICY FORM

The Association expects that all occupants will strive to live quietly, and will respect their neighbor's enjoyment of peace and quiet. Each occupant, lessee, or guest is responsible for their pet(s) which **MUST BE** under the pet owner's control at all times; be vaccinated, licensed and exhibit a quiet, mild-mannered, clean, and non-threatening behavior. No aggressive breeds will be considered regardless of size.

Should the Association Board or Management receives a complaint regarding your pet(s), you will be notified and required to immediately resolve the issue to board and neighbors' satisfaction.

If the Association continues to receive complaints, the Association will take further action INCLUDING TERMINATING YOUR LEASE AND REQUIRING YOU AND YOUR PET TO VACATE THE PREMISES.

Three or more complaints of any nature would constitute a breach of your Lease Agreement and Tenant is subject to an expedited eviction process in which all costs would be levied on the application.

I, the undersigned, have read, understands and agree to abide by the Hudson Oaks Pet Policy as stated above.

APPLICANT SIGNATURE

DATE

UNIT #

HUDSON OAKS – APPLICATION CHECK SHEET

APPLICANT NAME: _____ HUDSON OAK UNIT # _____

THE FOLLOWING TO BE FILLED OUT BY MANAGEMENT AND/OR THE BOARD

	DATE	INITIALS
APPLICATION RECEIVED	_____	_____
APPLICATION CHECKED	_____	_____
CHECK OR MONEY ORDER RECEIVED	_____	_____
DRIVERS LICENSE COPIED	_____	_____
BACKGROUND CONSENT SIGNED	_____	_____
LEASE AGREEMENT RECEIVED	_____	_____
RULES AND REGULATIONS, PET SIGNED	_____	_____

	DATE	INITIALS
BACKGROUND CHECK REQUESTED	_____	_____
BACKGROUND CHECK RECEIVED	_____	_____

BOARD/SCREENING COMMITTEE DECISION

	DATE	INITIALS	COMMENTS
APPLICATION APPROVED	_____	_____	_____
APPLICATION APPROVED	_____	_____	_____
APPLICATION DENIED	_____	_____	_____
APPLICATION DENIED	_____	_____	_____
APPLICATION NOTIFIED	_____	_____	_____