La Bellasara Condominium Association, Inc.
c/o Progressive Community Management
3701 South Osprey Avenue
Sarasota, FL 34239

Application for Approval of Lease

Return this application to the above address with a non-refundable $100.00 application fee payable to

La Bellasara Condominium Association, Inc.

The undersigned proposes to lease La Bellasara Condominium Unit No. _____

to _____ for the period of _____

to_____.

_____ _____
Owner Signature **Date**

Applicant	**Co-Applicant**
Name:_____	**Name:**_____
Address:_____	**Address:**_____
City/State/Zip:_____	**City/State/Zip:**_____
Local Phone:_____	**Local Phone:**_____
SS#:_____	**SS#:**_____
DOB:_____	**DOB:**_____
Driver's Lic. #:_____	**Driver's Lic. #:**_____
Email Address:_____	**Email Address:**_____
Personal Reference:_____	**Phone Number:**_____
Personal Reference:_____	**Phone Number:**_____

Other person(s) who will occupy the unit with you:

Name:_____**Age:**_____**Relationship:**_____

Name:_____**Age:**_____**Relationship:**_____

Name:_____**Age:**_____**Relationship:**_____

Name:_____**Age:**_____**Relationship:**_____

Pets (Please review Pet Policy in Rules and Regulations):

Number:_____ **Type:**_____**Weight:**_____

Vehicle Information:

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

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

1. **Has any proposed lessee ever been convicted of a felony or a sex-related crime? _____**
2. **Has any proposed lessee ever been convicted of any crime involving violence to persons or property? _____**

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Name of Real Estate Co. (if any):_____Phone:_____

I have received and read a copy of the Declaration of Condominium, the Articles of Incorporation, the Bylaws, Rules and Regulations and General Information, and the Frequently Asked Questions and Answer Sheet of the La Bellasara Condominium Association and understand my responsibilities as a lessee. I agree to abide by the provisions of said documents.

_____ _____
Applicant Signature **Date**

_____
Telephone Number

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION.

This application must be received 14 days prior to closing date.

I do hereby authorize with my (our) signature(s) the release of public records, credit reports, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to La Bellasara Condominium Association, Inc. Board of Directors and all its members now and in the future.

I agree to hold harmless La Bellasara Condominium Association, Inc. Board of Directors and all providers of information on the prospective tenant(s) stated above. In the event that the information provided by me (us) is found to be misleading and/or false my acceptance for this rental or lease, whether determination is made before or after my date of occupancy, may be affected.

_____ _____
Applicant Signature **Date**

_____ _____
Co-Applicant Signature **Date**

Action of Board of Directors:

- ☐ **Approved**
- ☐ **Disapproved**

Director or Authorized Agent:_____Date:_____