

**CENTER GATE VILLAGE
CONDOMINIUM ASSOCIATION, SECTION 1**

Prokop, P.A.
2011 Bispham Road
Sarasota, FL 34231
941-342-6444 941-342-8374 FAX

A non-refundable application fee of \$50.00 payable to the Association must accompany this completed application.

APPLICATION FOR: SALE LEASE

Unit # _____ Unit Address _____

Unit Owner _____

Applicant's Name _____

Current Address _____

Phone Number _____ Email Address _____

Date of Occupancy _____ Name of Occupants _____

If rental, length of lease _____ FL resident for _____ Formerly from State _____

Pets Yes _____ No _____ Describe _____

Number of Vehicles _____ Make & Model _____

Current or Last Employer/Business _____

Address _____ Phone _____

Position Held _____ Retired _____

References: (3) _____

Name	Address	Phone #
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If this application for purchase/lease of Unit # ___ is approved, I/We agree to abide by all the provisions of the Declaration of Condominium, Articles of Incorporation, By Laws and Rules and Regulations of Center Gate Village Condominium, Inc., Section One. I/We also relieve the Board of Directors and Officers of responsibility for damages arising out of the use of information by the owner/seller, and investigation, and Board Decision.

Action by the Board of Directors Signature: Applicant _____
____ Approved ____ Not Approved Applicant _____
Date: _____ President of Officer of the Board _____
Remarks: _____

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. A consumer report and/or investigative consumer report may be obtained at any time during the application process or during your residence. In the event of adverse action, upon timely written request of the association or management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having information about you to furnish any reporting agency of Prokop, P.A.'s choice with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name(s)

Signature

Date

Signature

Date

**Prokop, P.A.
Association Management**

RESIDENTIAL SCREENING REQUEST

Applicant

First Middle Last

Address City State Zip

Social Security Number Date of Birth Phone

I have read and signed the Disclosure and Authorization Agreement.

Signature Date

Co-Applicant

First Middle Last

Address City State Zip

Social Security Number Date of Birth Phone

I have read and signed the Disclosure and Authorization Agreement.

Signature Date