

**SOUTH GATE VILLAGE GREEN CONDOMINIUM SECTION 9 ASSOCIATION, INC.**

**c/o PROKOP, P.A.**

**2011 BISPHAM ROAD**

**SARASOTA, FL 34231**

**941-342-6444**

**941-342-8374 FAX**

**APPLICATION FOR:  SALE  LEASE**

**A non-refundable application fee of \$25.00 payable to the Association, a \$25.00 processing fee payable to Prokop, P.A., must accompany this completed application.**

Unit Number \_\_\_\_\_ Unit Owner \_\_\_\_\_

Name(s) of Applicant(s) \_\_\_\_\_

Date of Birth of Applicant(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

The unit shall be occupied as a residence only and for no other purposes. Please provide the names and ages of any other occupants. (all occupants over the age of 17 will require a background check):

Current Address \_\_\_\_\_

Reason for Moving \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Landlord or Agent \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Vehicles to be kept at property:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag# \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag# \_\_\_\_\_

Emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

I/We represent the above information to be true and complete to the best of my/our knowledge. I/We agree that the Association and any and all sources listed herein shall be held harmless from any action or claim by me/us in connection with said information or its use.

\_\_\_\_\_  
Applicant Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Name of Rental Agency (if Applicable)

Phone \_\_\_\_\_

\_\_\_\_\_  
Agent's Signature

APPLICATION FOR APPROVAL FOR  
PURCHASE AND OCCUPANCY  
SOUTH GATE VILLAGE GREEN CONDOMINIUM  
SECTION NINE ASSOCIATION, INC.

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Length of planned occupancy of the unit \_\_\_\_\_

Brief employment history \_\_\_\_\_

It is understood:

1. that the Declaration of Condominium does not permit leasing <sup>OR RENTING POP</sup> of a unit or conveyance of occupancy by lease;
2. that no unemancipated minor shall be permitted to reside in a unit except for a period not exceeding ninety (90) days in any one calendar year;
3. that no pets of any kind are permitted except with written consent of the Board of Directors;
4. that no travel trailers, campers, buses, trucks, or commercial vehicles or boats shall be parked in Section Nine, and no automobiles or other vehicles shall be parked on lawns, or on streets overnight.

The Applicant has read the foregoing, as well as the Declaration of Condominium and By-Laws, Covenants, Conditions and Regulations of South Gate Village Green Condominium Section Nine Association, a Condominium under Chapter 718, Statutes of Florida, and agrees to abide by the conditions and provisions thereof and the rules and regulations issued, from time to time, by such Association and its Board of Directors.

Signature(s) of Applicant(s):

Date:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The above applicant \_\_\_\_\_ is hereby approved  
Name

by the Board of Directors of South Gate Village Green Condominium Section  
Nine(9) Association this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
resident

**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