

SUMMER LAKES CONDOMINIUMS
APPLICATION TO PURCHASE OR LEASE

This form must be completed, signed and returned to Prokop P.A., 2011 Bispham Rd, Sarasota, FL 34231, along with a non-refundable check for \$100.00 payable to Summer Lakes. The Board must receive the application 10 days prior to closing for the Board to review. Approval is required prior to closing or occupancy.

Date: _____ Change of Ownership: _____ Rental Application: _____

Proposed Closing Date: _____ Lease Term: _____ to _____

Property Address: _____ Unit No: _____

Applicant: _____ Co-Applicant: _____

DOB: _____ DOB: _____

Driver's License No. _____ Driver's License No. _____

Email Address: _____ Email Address: _____

Present Address: _____

Phone: _____ Other: _____

Employer: _____ Contact: _____ Phone: _____

Co-Applicant Employer: _____ Contact: _____ Phone: _____

Number of persons to occupy unit either permanent or part-time: Adults: _____ **Anyone over the age of 18 yrs. must complete and application**

Children: _____ Ages of Children: _____

Full-time resident: _____ Occasional/Seasonal Resident: _____ Investment: _____

Pets: Two (2) pets only will be allowed. Weight restriction 25 lbs. each

Breed of pet/s: _____ Weight at maturity: _____

Automobiles: Make: _____ Year: _____ License Plate No: _____ State: _____

Make: _____ Year: _____ License Plate No: _____ State: _____

Personal Reference (Local if possible)

Name: _____ Phone No: _____

Address: _____

