

INSTRUCTIONS TO COMPLETE THE APPLICATION TO LEASE OR PURCHASE

1. If applicants aren't legally married, an application on each person must be completed.
2. Please print legibly or type information. Complete addresses & phone numbers are required.
3. If any questions are unanswered or left blank, this application will be returned unprocessed.
4. Missing information or lack of requested documents will cause delays in processing & approval of your application.
5. Only the applicant/owners are authorized to sign this form.

Purchaser is responsible to obtain an assessment coupon book for payment of assessments to the association, by the seller or Management Company.

Sunridge II Condominium Association

c/o Prokop PA, 2011 Bispham Road, Sarasota FL 34231

APPLICATION FOR SALE OR LEASE OF A UNIT

The undersigned submits this application for approval of the Board to (please circle one) purchase / lease Unit _____, Sunridge II Condominium Association, and states that the following information is true and correct (any intentional misrepresentations shall be basis for automatic disapproval). This application must be submitted with a \$100 fee (Payable to Sunridge II) in order to be processed.

*****If applicants are not married or have different last names, an additional application fee is required to process two separate credit and background reports.**

Current owner(s): _____
Print name Signature Date

Name of proposed owner(s) / tenant(s): _____

Permanent address of proposed owners / tenants (after acquisition):

Names and ages of proposed unit occupants:

Purpose of purchase: _____

Type and weight of pets to be in unit:

(Please note: each unit may have only two *medium-sized* domestic pets (dogs, cats or caged birds). Verification of weight/size may be requested from a veterinarian).

Type and number of motor vehicles:

Make	Type	Year	Tag Number	State
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Make	Type	Year	Tag Number	State
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Driver's License Number	Driver's License Number
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(Please note: new owners or tenants will need to contact the management company with their new phone number so that it may be listed in the directory at the gate. Also, the two remotes provided by the Association for the gate must be obtained from the previous owner. New remotes may be purchased from the management company.)

The undersigned agrees to provide any further information that may be reasonably requested by the Board. The undersigned specifically consents to a credit check and verification and hereby authorizes disclosure of information by Equifax or such other credit rating agency or service that may be chosen by the Association. Employment records, any criminal records and rental history may also be checked and verified by the Association and the undersigned hereby authorizes disclosure of such information to the Association by the Tenants Verification Bureau or other such reporting agency.

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