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.
- 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.

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 ow	ner(s):	a 87. 80 0000 00000 00000/W000044000		
	Print name		Signature	Date
Name of pr	roposed owner(s)	/ tenant(s):		
Permanent	address of propo	sed owners / ter	nants (after acquisition):	
Names and	l ages of propose	d unit occupants	<u>.</u> S:	,
Purpose of	purchase:			and the time
Type and w	veight of pets to b	e in unit:		
2 =				
	each unit may have		sized domestic pets (dogs, cats	or caged birds). Verification
Type and n	umber of motor v	ehicles:		
Make	Туре	Year	Tag Number	State
Make	Туре	Year	Tag Number	State
Driver's License Number		Driver's License Number		

(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.

The undersigned has received a copy of the Rules and Regulations and understands that its covenants (and those of the Condominium Documents on which the Rules and Regulations are based) impose responsibilities and restrictions on all unit owners and their guests at Sunridge II Condominium Association. The undersigned agrees to

abide by the Rules and Regulations concerning the use of units and the condominium property and takes full responsibility for any guests using the condominium property.

The undersigned hereby acknowledges that Sunridge II Condominium Association has thirty days to consider this application after it is completed and received by the Board of Directors and that occupancy of the unit before approval of this application will result in rejection of the application.

****If this is a lease application, a copy of the lease agreement must be attached to this application before it can be considered.

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

#1 - Please print your name	Signature	Date
Birth Date	Social Security Number	
Current Address/ Phone/Email	/	
Current Employment / Address / Phone		
#2 - Please print your name	Signature	Date
Birth Date	Social Security Number	
Current Address /Phone/Email		J
Current Employment / Address / Phone		
Planned occupancy date:		
If Lease or occupancy: From	(Date) to	(Date)
If Purchase: (Closing Date)		
Real Estate Agent (I/A)	Phone	
E-mail		
FOR OFFICE USE ONLY		
RECEIPT:		
Received by:	Date	
Interviewed by:	Date	
Signature	Date	
Signature	Date	

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 wit 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	Last	
Address	City	State	Zip	
Social Security Number	Date of Birth	Phone	COMP. C.	
I have read and signed the I	Disclosure and Authorization	on Agreement.		
Signature	<u>Co-Applican</u>	Date t		
First	Middle	Last		
Address	City	State	Zip	
Social Security Number	Date of Birth	Phone		
I have read and signed the E	Disclosure and Authorization	on Agreement.	6	
Signature	Ī	Date		