

SUNRISE GOLF CLUB CONDOMINIUMS INC

C/O PROKOP, P.A.

2011 BISPHAM ROAD

SARASOTA, FL 34231

941-342-6444(PHONE) 941-342-8374(FAX)

APPLICATION FOR PURCHASE

A non-refundable application fee, plus background check fee of \$125 payable to the Association must accompany this application.

Unit Number/Address _____

Unit Owner _____

Name of applicant(s) _____

Date of Birth of Applicants(s) _____

Current Address _____

Residence Address (if different from Current) _____

Home Phone _____ Cell Phone _____

Email Address _____

Owner/Real Estate Agent _____

Employer _____ Phone: _____

Employer Address _____

Employer _____ Phone: _____

Employer Address: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____

PERSONAL REFERENCES:

NAME:	ADDRESS:	PH#
NAME:	ADDRESS:	PH#

PET INFORMATION:

_____ DOG _____ BREED _____ SIZE _____ (No taller than 16" at shoulder)
 _____ Cat _____ Indoor/Outdoor **PLEASE READ RULES ON PETS**

VEHICLE(S) ON : (2) cars are permitted per unit, in parking spaces in front of unit. No trucks, boats, campers, trailers, vans without windows, or motorcycles of any make are allowed between 7PM and 7AM.

Year	Make	Tag	License Tag Number
Year	Make	Tag	License Tag Number

PLEASE CIRCLE THE FOLLOWING THAT APPLIES:

1. Reside as owners here on part time basis.
2. Reside as owner on a full time basis.
3. Investment and will lease unit, after one year, as documents stipulate.

I (We) are aware of and agree to abide by the Declaration of Condominium documents, the Articles of Incorporation, By-Laws, and any other promulgated rules and regulations, amendments in effect within the terms of my(our) ownership. Also, I (We) consent to make inquiry of the references provided.

Proposed Purchaser(s) Signature(s):

Applicant Signature	Date
Applicant Signature	Date

Interviewer(s) Approved () Denied ()

By:

Signature:	Title:	Date:
Signature:	Title:	Date:

CALL: _____ FOR INTERVIEW DATE AND TIME _____

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