

WOODSIDE SOUTH CONDOMINIUM ASSOCIATION, INC.

Prokop, P.A.
2011 Bispham Road
Sarasota, FL 34231
941-342-6444 941-342-8374 FAX

A non-refundable application fee of \$75.00 payable to the Association must accompany this completed application

APPLICATION FOR PURCHASE

Unit Address _____ Unit Owner _____

Email _____ Unit Owner Phone # _____

Name(s) of Applicant(s) _____

Date of Birth of Applicant(s) ____/____/____ ____/____/____

The undersigned proposes to sell: (Address) _____ to

(Purchasers) _____, identified below, and the undersigned does hereby apply for approval of this sale, by Woodside South Condominium Association, Inc., to which the following information is submitted. Attached herewith is a copy of the executed Sales Contract. I understand that any outstanding sums due to Woodside South Condominium Association, Inc., must be paid prior to closing.

Seller

Seller

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 _____

Applicants Name _____ Email _____

Applicants Cell _____ Other phone _____

Landlord or Agent _____

Employer _____ Phone _____

Employer Address _____

Employer _____ Phone _____

Employer Address _____

Vehicles to be kept at property: (Vehicles **MUST** fit in the garage)

Make _____ Model _____ Year _____ Color _____ Tag# _____

Make _____ Model _____ Year _____ Color _____ Tag# _____

Emergency contact:

Name _____ Relationship _____

Phone _____

Pets: No _____ Yes _____

One small dog (up to 30 pounds or one cat (or other small household pet) is permitted.
Dogs must be leashed. The owner is responsible for disposal of all excrement from all areas.

Pet Type/Breed _____ Weight _____

List All Other Occupants Of The Unit:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

I have received and read a copy of the Declaration of Condominium, Articles of Incorporation, Bylaws and Rules & Regulations of Woodside South Condominium Association, Inc., and understand my responsibilities as an owner. I agree to abide by the provisions of said documents.

Date of Closing Signature of Applicant Date

Date of Closing Signature of Applicant Date

Closing Agent Telephone Number

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