

WOODSIDE TERRACE CONDOMINIUM ASSOCIATION INC.

APPLICATION FOR PURCHASE OR LEASE

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

Phone: 941-342-6444 Fax: 941-342-8374 email: prokoppa@aol.com

Application Fee of \$150.00 payable to **Woodside Terrace Condominium Association Inc.** must accompany this application. **Fees are non-refundable.** A copy of the lease or sales contract must be included with the application. Copies of Identification must be included with application.

Please print all Information

Please check if: _____ Purchase _____ Lease (12 month minimum)

Closing Date: _____ Lease term start/end dates _____

Current Owner(s) _____ today's date _____

Woodside Terrace address _____ Phone # _____

Applicant #1

Name _____ SSN _____ DOB _____ Email _____

Applicant #2

Name _____ SSN _____ DOB _____ Email _____

Current Address _____

City _____ State _____ Zip _____ Phone # _____

Pets (2 cats or 1 dog 50 pounds total weight) Please read Rules and Regulations regarding permitted and prohibited pets

Type _____ Breed _____ Weight _____ Age _____

Type _____ Breed _____ Weight _____ Age _____

Vehicle Information Please read Rules and Regulations regarding permitted and prohibited vehicles

Make _____ Model _____ License Plate # _____

Make _____ Model _____ License Plate # _____

I do hereby authorize with my/our signature(s) the release of public records, credit report, rental or lease information and employment verification to Prokop PA Association Management and all its members for exclusive use of the Woodside Terrace Condominium Association, Inc.

Personal interview may be required prior to approval. Move-In prior to approval is not allowed.

I/We have received the Declaration, Articles of Incorporation, Bylaws recorded April 2018. I have read and agree to abide by same.

One Resident must be 55 Years of Age or older. Proof of age must be attached.

Signature _____ Date _____

Signature _____ Date _____

For Association Use Only

Approved _____ Not Approved _____ Additional Conditions _____

BOD 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 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