

GARDEN LAKES VILLAS 2 ASSOCIATION, INC.

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

A non-refundable application fee of \$50.00 payable to the Association must accompany this completed application.

APPLICATION FOR RESIDENCY

Date Submitted _____

A personal interview with the _____ Interview Committee is required for residency. Application must be submitted within 15 days prior to closing.

The undersigned have negotiated an agreement to buy ___ lease ___ Unit # ___ located at _____ in Garden Lakes _____ Association, Inc. from _____ (current owners).

- 1. Names of purchasers or lessee _____
- 2. Present Home Address _____ Phone _____
- 3. Name(s) of persons to occupy residence _____ Age _____
_____ Age _____

- 4. If lessee: Period of Lease _____ Lessor _____
Lessor Address _____ Phone _____
(Owner is obligated to maintain unit and comply with documents as well as lessee)
NO LEASES/RENTALS ARE PERMITTED FOR LESS THAN FOUR MONTHS AND ONLY ONCE A YEAR.

- 5. Personal References 1. _____ Phone _____
2. _____ Phone _____

6. Number of vehicles _____ (All vehicles must be garaged) See Articles 19.7 and 19.8 in the Declaration of Condominium

7. Do you own or contemplate owning a household pet? _____ Describe _____

- 8. Under the Declaration , Articles and By-Laws, the following must be provided:
Name of Real Estate Agent/Broker _____ Phone _____
Attorney handling closing _____ Phone _____
Title Company _____ Phone _____

It is understood that submission of this Application is only preliminary, and the Board of Directors is under no obligation to approve same. I/We certify that this information on this Application is correct and authorize the BOD'S to conduct a thorough investigation.

By signing this application, the applicant affirms that he/she has _____ received and read a copy of the Garden Lakes Community Association and the Garden Lakes _____ Condominium Documents and Amendments, Rules, Policies and Regulations provided to them by the broker, owner or Board of Directors and that each occupant will abide by them fully and dutifully. The unit may not be sublet and this application is not assignable. Occupancy is not allowed prior to approval.

Applicant Signature _____

Applicant Signature _____

Date _____

PROCESSING FEE OF _____ ATTACHED, AS REQUIRED. CHECK PAYABLE TO GARDEN LAKES _____ CONDOMINIUM.

COPY OF SALES CONTRACT OR LEASE AGREEMENT MUST BE ATTACHED

Action by Interview Committee: Approved _____ Disapproved _____ Date _____

Signed _____ (Member of Interview Committee)

Signed _____ (Member of Interview Committee)

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