

Updated 08/30/22

CENTER GATE VILLAGE CONDOMINIUM ASSOC., SECTION 2, INC.

**c/o PROKOP P.A.
2011 BISPHAM ROAD
SARASOTA, FL 34231
941-342-6444 FAX: 941-342-8374**

APPLICATION FOR LEASE

A non-refundable **application fee of \$150.00 payable to the Association (CGV2)** must accompany this application along with the Lease Agreement. Applications will be processed once completed application and the check are received in the Prokop offices.

Unit Number or Street Address _____

Unit Owner _____

Applicant Name(s) (Please Print) _____

Applicant Dates of Birth ____/____/____ ____/____/____ ____/____/____
Any Additional use this line _____

MAXIMUM OF 4 (FOUR) PEOPLE MAY RESIDE IN A VILLA.
Please provide names and ages of ALL OCCUPANTS.
Unit shall be occupied as a residence only and for no other purposes. **Only person(s) named in the lease application may live at Center Gate Village, Section 2.**

Current Address _____

Dates: From _____ to _____

Reason for Moving _____

Home Phone _____ Mobile Phone _____

Email Address _____

If the current address above is a rental/lease, provide the following:

Landlord or Agent _____

Landlord or Agent Phone _____ Email _____

EMPLOYMENT:

Occupation _____

Employer _____ Phone _____

Employer Address _____

Employment Dates: from _____ to _____

Employer _____ Phone _____

Employer Address _____

Employment Dates: from _____ to _____

VEHICLES: (TRUCKS/CAMPERS must be kept in garage days, or overnight) No parking boats, RVs, trailers.

Make _____ Model _____ Year _____ Color _____

Make _____ Model _____ Year _____ Color _____

ONE PET PER UNIT IS PERMITTED, NOT TO EXCEED 35 POUNDS AT MATURITY.

Type of Pet _____ Weight _____ Pets being walked in common areas or on roadways must be leashed and under control of the owner at all times. Excrement WILL be picked up by owner immediately and properly disposed of according to Sarasota County Ordinances and Laws.

EMERGENCY CONTACT

Name _____ Relationship _____

Phone _____

Applicant(s) agree to keep a copy of the condominium Rules & Regulations and/or Governing Documents and to abide by the and the restrictions of Center Gate Village Section 2.

I/WE represent the above information to be true and complete to the best of my/our knowledge. I/We agree that the Association and any and all sources listed herein shall be held harmless from any action or claim by me/us in connection with said information or its use.

Applicant's Signature

Date

Applicant's Signature

Date

Name of Rental Agency (if Applicable)

Phone

_____ (Agent's Signature) BOD Approval (Y) (N) _____ 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