

**CENTER GATE ESTATES VILLAGE  
CONDOMINIUM ASSOCIATION, SECTION VII, INC.**

**APPLICATION FOR TRANSFER, SALE, LEASE OR RENEWAL**

**NOTE: An APPLICATION FEE of \$50.00** payable to Center Gate Estates 7, AND a **PROCESSING FEE OF \$35.00** payable to Prokop P.A. **MUST ACCOMPANY THIS FULLY-COMPLETED APPLICATION.** The application pages and the two checks (no elec. payments can be accommodated) should be delivered or mailed to:

Prokop, P.A.  
2011 Bispham Road  
Sarasota FL 34231

Notice to seller, buyer, lesser and lessee: This condominium consists of 19 duplex structures totaling thirty-eight (38) individual units, with each unit containing two (2) or three (3) bedrooms and two (2) bathrooms. No two (2) bedroom unit shall be occupied by more than 4 persons; no three (3) bedroom by more than 6 persons.

The undersigned proposes to transfer buy/sell \_\_\_\_\_ rent/lease \_\_\_\_\_ renew or extend lease \_\_\_\_\_  
of:  
Unit # \_\_\_\_\_ AT (Address) \_\_\_\_\_ to

Name of Buyer/Lessee, etc. \_\_\_\_\_ and hereby  
applies for approval of this transaction by the Center Gate Estates Village Section 7, Inc. in accordance with the  
DECLARATION OF CONDOMINIUM, SECTION XIX.

Expected Date of Closing or Lease \_\_\_\_\_

Today's Date \_\_\_\_\_ Current Owner(s) \_\_\_\_\_

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**BUYER OR LESSEE MUST FILL OUT AND SIGN THIS SECTION**

Buyer(s) / Lessee(s) Full Name \_\_\_\_\_

Current Address \_\_\_\_\_ Phone \_\_\_\_\_

Phone \_\_\_\_\_ email address 1 \_\_\_\_\_

email address 2 \_\_\_\_\_

Do you wish to be added to the communication roster? Y or N - email \_\_\_\_\_ phone \_\_\_\_\_

Unit being purchased or leased for the following: (Please check or circle one )

- 1. Reside full time.
- 2. Reside part time.
- 3. Other (describe) \_\_\_\_\_

Number of persons to reside on a regular basis \_\_\_\_\_ Number Vehicles \_\_\_\_\_ ALL  
vehicles must be parked in garage or on driveway. No overnight on streets.) NO COMMERCIAL VEHICLES  
PARKED OUTSIDE OVERNIGHT.

Continued

**NO PETS PERMITTED OVER 30 LBS. AT MATURITY.**

Number of Pets \_\_\_\_\_ Kind/Breed/Weight Each \_\_\_\_\_

**OWNERS ONLY:** Are you interested or willing to serve on the Board of Directors and/or Committees and share in the responsibility of the operation of the Association? \_\_\_\_\_

I (We) have read and received the Condominium Governing Documents and amendments thereto, and have a copy of the Rules & Regulations, as an owner or lessee. I (We) further agree to abide by the provisions of said documents currently in effect or as may be promulgated by the Association.

\_\_\_\_\_ Date \_\_\_\_\_ Buyer or Lessee

\_\_\_\_\_ Date \_\_\_\_\_ Buyer or Lessee

All Applicants must receive Approval before transfer or residency. You may receive a phone call interview or be asked to meet with representatives of the Board of Directors of Center Gate Estates Village Section 7.

\*\*\*\*\*      \*\*\*\*\*      \*\*\*\*\*      \*\*\*\*\*      \*\*\*\*\*      \*\*\*\*\*

Date Received by BOD \_\_\_\_\_

**ACTION TAKEN**

Approved (    )      Disapproved (    )

\_\_\_\_\_ Signature of Board Member

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Print Name

**BACKGROUND SCREENING REQUEST AND DISCLAIMER PAGES MUST BE COMPLETED IN FULL AND INCLUDED WITH THE APPLICATION AND CHECKS FOR FEES.**

**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