

**Fairways & Greens Condominium Association, Inc**

c/o Prokop, P.A.

2011 Bispham Road

Sarasota, FL 34231

(941) 342-6444 Fax (941) 342-8374

Application for: Purchase  Lease  Transfer

3360 Beneva Rd, Bldg # 1 Unit: \_\_\_\_\_

3300 Beneva Rd, Bldg # 2 Unit: \_\_\_\_\_

1. For each prospective occupant (see #3 below), please attach a non-refundable Application Fee to this application, made payable to Fairways & Greens Condominium Association, Inc.
2. Please attach a copy of the Sales/Purchase Contract, Lease Agreement, or Transfer Document.
3. This application must be completed by each prospective adult occupant 18 years or older, including family members. Legally Married Applicants pay \$100.00 application fee. If applicants are not legally married, each applicant must pay the \$100.00 application fee. If a dependent minor (under 18) reaches their 18<sup>th</sup> birthday while an occupant, they must complete an application, pay the \$100 fee, and undergo the background check at that time.
4. If any question is not answered or left blank, this application will be returned for completion and will not be processed until it is completed in full.
5. The Application must be submitted and Board approval granted prior to closing or occupancy.
6. No unit may be leased for less than 1 year.
7. Lease renewal applications must be submitted to the Board at least 30 days prior to the commencement of the renewal lease term.
8. Only one pet is allowed, with pet size at maturity being limited to a maximum of 20 pounds and 10-inch height at the shoulder.
9. Units are for single family residences only. Subleasing is not permitted.
10. The following vehicles are prohibited from parking on the premises overnight:
  - Commercial Vehicles/Trucks
  - Trailers
  - Recreational vehicles, motor homes, and campers
  - Motorcycles or Mopeds
11. Sellers and Landlords must provide Purchasers and Tenants with a complete copy of the Association Documents and up-to-date Rules & Regulations.
12. Occupancy Regulations
  - Two-bedroom units – No more than 4 occupants.
  - Three-bedroom units – No more than 6 occupants.
13. Moving in and out of units is allowed Monday – Saturday from 8:00 a.m. to 6:00 p.m. Moving in and out of units is prohibited on Sundays and Holidays.

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A non-refundable application fee (see pg 1, note # 3 for amount) payable to Fairways & Greens Condominium Association, must accompany this application, along with a copy of the sales contract or lease.

Unit Number: \_\_\_\_\_ Circle One: 3300 3360 Current Unit Owner: \_\_\_\_\_

**Applicant 1**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**Applicant 2**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

The unit shall be occupied as a single family residence only. Please provide the names and ages of any other occupants below. All occupants 18 or older will require a background check, including family members. If a dependent minor reaches their 18<sup>th</sup> birthday while an occupant, they must complete an Application, pay the \$100 fee, and undergo the background check at that time.

Names of other occupants \_\_\_\_\_

Current Address: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Current Landlord or Agent - Name: \_\_\_\_\_

Phone: \_\_\_\_\_

(1) Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

(2) Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Vehicles to be kept at property**

(1) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag#: \_\_\_\_\_

(2) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag#: \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

The applicant(s) shall observe and abide by all the current Fairways & Greens Rules & Regulations, a copy which has been given to the applicant(s), and any other rules approved by the Board of Directors and adopted during the ownership or tenancy period.

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 Signature (1)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Applicant Signature (2)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Name of Rental Agency (if applicable)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date signed

**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)

\_\_\_\_\_  
Applicant Signature (1)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Applicant Signature (2)

\_\_\_\_\_  
Date signed

**Prokop, P.A.**  
**Association Management**

***Residential Screening Request***

**Applicant 1**

\_\_\_\_\_  
First M.I. Last

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Social Security Number Date of Birth Phone Number

I have read and signed the Disclosure and Authorization Agreement.

\_\_\_\_\_  
Signature of Applicant (1) Date signed

**Applicant 2**

\_\_\_\_\_  
First M.I. Last

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Social Security Number Date of Birth Phone Number

I have read and signed the Disclosure and Authorization Agreement.

\_\_\_\_\_  
Signature of Applicant (2) Date signed