

**WESTWOODS AT SUNRISE COUNTRY CLUB SECTION 2  
CONDOMINIUM ASSOCIATION**

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

**This form must be filled out in its entirety by all applicants before any lease, or transfer of a unit is considered by the Board of Directors.**  
**A non-refundable application fee of \$50.00 made payable to Westwoods at Sunrise Country Club Section 2 Condominium Association must accompany this application.**

**APPLICATION FOR:      ☐ LEASE**

TO: Board of Directors

Date: \_\_\_\_\_

I (We) intend to lease Unit No. \_\_\_\_\_, for the period starting \_\_\_\_\_ and ending \_\_\_\_\_. In order for you to facilitate consideration of my (our) application for the lease of the above designation unit in Westwoods 2 Condominium, I (We) are aware any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application. I (We) consent that you may make further inquiry concerning this application, particularly of the references given below.

**APPLICANT MUST COMPLETE APPLICATION IN IT'S ENTIRETY**

Occupation of said unit will be limited to the Lessee and his/her immediate family. The unit is to be occupied by no more than \_\_\_\_\_ persons. I (We) will not sublet said unit.

FULL NAME OF LESSEE: \_\_\_\_\_ AGE: \_\_\_\_\_  
OCCUPATION OF LESSEE (even if retired): \_\_\_\_\_  
HOW LONG: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FULL NAME OF WIFE OR HUSBAND \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
HOW LONG \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
HOW LONG \_\_\_\_\_ CITY AND STATE \_\_\_\_\_  
ZIP PHONE \_\_\_\_\_

NAME AND ADDRESS OF LANDLORD (if applicable) \_\_\_\_\_  
ZIP \_\_\_\_\_

The RULES & REGULATIONS of Westwoods 2 Condominium Assoc., Inc. provide an obligation of Unit Owners that are for SINGLE FAMILY residents. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____

**TWO (2) PERSONAL REFERENCES (local if possible NOT RELATIVES)**

Name \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK REFERENCES:

(1) \_\_\_\_\_ PHONE \_\_\_\_\_

(2) \_\_\_\_\_ PHONE \_\_\_\_\_

**TWO (2) VEHICLES (CARS) ARE ALL THAT ARE ALLOWED TO BE HOUSED AT WESTWOODS 2**

**(NO TRUCKS, BOATS, TRAILERS, MOTORCYCLES, MOPEDS OR SELF CONTAINED R.V.'S, VANS USED FOR COMMERCIAL ENTERPRISE WHICH ARE LETTERED OR ANY OTHER VEHICLES WHICH HAVE LETTERING ON.) (UNLESS HOUSED IN GARAGE).**

MAKE OF CAR \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_  
LICENSE NO \_\_\_\_\_ STATE \_\_\_\_\_ MODEL \_\_\_\_\_

MAKE OF CAR \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_  
LICENSE NO \_\_\_\_\_ STATE \_\_\_\_\_ MODEL \_\_\_\_\_

ADDRESS FOR MAILING NOTICE OF ACCEPTANCE OR REJECTION OF THIS APPLICATION.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_

I (WE) understand that any violation of the term, provisions, conditions and covenants of Westwoods 2 Condominium Association, Inc., documents provides a cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances. I (WE) understand and agree the Association can take action to enforce the provisions of its Declaration of Condominium, Rules & Regulations, including, if necessary, an eviction action against me (us) as tenants for failing to comply with said provisions of the Declaration of Condominium or the Rules & Regulations.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Owner(s) Signature

\_\_\_\_\_  
Address

THIS APPLICATION MUST BE ACCOMPANIED WITH A FEE OF \$50.00 FOR PROCESSING, WHICH IS NON-REFUNDABLE. THIS APPLICATION MUST BE RECEIVED WITH FEE PRIOR TO PERSONAL INTERVIEW

APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_ DIRECTOR SIGNING THIS  
APPLICATION AND TITLE \_\_\_\_\_ DATE: \_\_\_\_\_  
FEE COLLECTED \_\_\_\_\_ OR \_\_\_\_\_  
Cash Check



## INTERVIEW CHECK LIST FOR OCCUPANT

### WESTWOODS II REMINDERS

FOLLOWING ARE WESTWOODS II REMINDERS AND A SUMMARY OF SOME OF THE "RULES AND REGULATIONS" TO WHICH WE AGREED WHEN PURCHASING/RENTING CONDOS. FOR MORE DETAIL ON ANY OF THE ITEMS PLEASE REFER TO YOUR COPY OF WESTWOODS II CONDO "RULES AND REGULATIONS." FOR ADDITIONAL QUESTIONS PLEASE PHONE DORIE HAND OUR MANAGER. 941 504 2788

EXTERIOR ALTERATIONS—NO CHANGES TO THE EXTERIOR OF THE CONDO OR COMMON AREAS ARE PERMITTED WITHOUT PRIOR WRITTEN APPROVAL BY THE BOARD OF DIRECTORS. FORMS REQUESTING EXTERIOR CHANGES ARE FOUND IN THE WHITE MAIL BOX LOCATED AT THE POOL HOUSE.

INSURANCE—THE OWNER IS RESPONSIBLE FOR CARRYING HOME-OWNERS INSURANCE ON EVERYTHING WITHIN THE UNIT INCLUDING FIXTURES, WALL COVERINGS, CEILING, FLOOR COVERINGS AND ALL BUILT INS.

SIGNS—SIGNS ARE NOT ALLOWED ON LAWNS OR VEHICLES. "FOR SALE" SIGNS ARE ONLY ALLOWED IN WINDOW OF CONDO OR GARAGE.

OCCUPANCY RESTRICTION—CONDOS ARE TO HOUSE ONE FAMILY AND NO MORE THAN TWO PERSONS PER BEDROOM AS STATED IN WESTWOODS II DOCUMENTS.

RESALE/RENTAL RESTRICTION—NO RENTALS ARE ALLOWED FOR LESS THAN A 60 DAY PERIOD. A RESPECTIVE CONDO MAY BE RENTED NO MORE THAN TWO TIMES IN A GIVEN YEAR. REALES AS WELL AS RENTALS REQUIRE AN APPLICATION TO, AND APPROVAL OF, THE BOARD. THERE IS AN APPLICATION FEE OF \$100.

HOT WATER HEATER—WHEN LEAVING UNIT FOR AN EXTENDED PERIOD TURN OFF THE HOT WATER TANK WATER SUPPLY AND CIRCUIT BREAKER.

DRIVING SPEED—APPROACH ROAD IS POSTED AT 20 MPH. PLEASE OBSERVE THIS 20 MPH LIMIT.

VEHICLES—TWO (2) CARS ARE PERMITTED. NO TRUCKS, BOATS, CAMPERS, TRAILERS, COMMERCIAL VANS WITHOUT WINDOWS, PICK-UP TRUCKS OR MOTORCYCLES OF ANY VARIETY MAY BE PARKED IN DRIVEWAYS OVER-NIGHT.

NO AUTO REPAIRING IS ALLOWED ON DRIVEWAYS OTHER THAN CHECKING VEHICLE FLUIDS.

EXTERIOR LIGHT—STREETLIGHTS ARE TO REMAIN ON DURING EVENING HOURS. EACH OWNER IS RESPONSIBLE FOR MAINTAINING THE SENSOR THAT CONTROLS THE LIGHT AND FOR REPLACING BULBS.

CHILDREN—TO INSURE THE SAFETY OF CHILDREN THEY ARE TO BE SUPERVISED AT ALL TIMES. NO CHILD IS TO BE ALLOWED IN THE POOL AREA UNATTENDED.

TRASH/GARBAGE/RECYCLABLES/ YARD WASTE ARE COLLECTED WEDNESDAY AM. GARBAGE MUST BE PLACED IN ANIMAL PROOF CONTAINERS. BOXES ARE TO BE BROKEN DOWN/TIED AND PLACED IN RED RECYCLABLE BIN. PLACE ALL MATERIALS AT THE CURB AFTER SUNSET TUESDAY.

PETS—OWNERS MAY HAVE ONE (1) DOG OR CAT NOT TO EXCEED 25 POUNDS AND NOT TO STAND HIGHER THAN 16 INCHES AT THE SHOULDER. PETS ARE TO BE ON A LEASH AT ALL TIMES WHEN OUTSIDE THE UNIT. BE SURE TO CLEAN UP AFTER YOUR PET.

BULLETIN BOARD—THE BOARD IS LOCATED ON FRONT OF POOL HOUSE. ALL NOTICES OF MEETINGS AND PERTINENT INFORMATION WILL BE POSTED ON THIS BOARD.

NOISE—NO LOUD NOISES AFTER 10 P.M. SUCH AS STEREOS, PARTIES, TV'S ETC.

RECREATION FACILITIES—FOR HEALTH REASONS DIAPERED BABIES AND PETS ARE NOT ALLOWED IN POOL AREA. CHILDREN ARE TO BE ACCOMPANIED BY AN ADULT. POOL GATES ARE TO BE CLOSED AT ALL TIMES.

TENNIS COURTS—COURTS ARE LOCATED IN WESTWOODS I. PLAYERS MUST INCLUDE A WW II RESIDENT.

GRILLING—GRILLING IS ALLOWED IN REAR AREA OF CONDOS.

**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