

**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:       PURCHASE

**PLEASE PRINT**

DATE: \_\_\_\_\_

Unit Address: \_\_\_\_\_ (PRESENT)

Owner's Name: \_\_\_\_\_

Purchasing Closing Date: \_\_\_\_\_

Name of Proposed Purchaser(s): \_\_\_\_\_

Age: \_\_\_\_\_ S.S.# \_\_\_\_\_

Age: \_\_\_\_\_ S.S.# \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_ S.S. # \_\_\_\_\_

Present Address: \_\_\_\_\_ PH# \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Landlord if renting: \_\_\_\_\_ PH# \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ PH# \_\_\_\_\_

Other Person(s) Who will be Occupying this Unit with You:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Vehicle(s) you will keep on property (Two vehicles are all that are allowed)  
Please read **RULES & REGULATIONS**

Year	Make	Type	License Tag Number

Year	Make	Type	License Tag Number

**PERSONAL REFERENCES: (2)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_

**CREDIT REFERENCES: (3)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_

**PET INFORMATION:**

\_\_\_\_\_ Dog \_\_\_\_\_ Breed \_\_\_\_\_ Size \_\_\_\_\_

\_\_\_\_\_ Cat \_\_\_\_\_ Indoor/Outdoor **PLEASE READ RULES ON PETS**

Please **CIRCLE** the following number that applies.

- 1. Reside as owners here on part time basis.
- 2. Reside as owner on a full time basis.
- 3. Investment and will lease unit

I (We) are aware of and agree to abide by the Declaration of Condominium Documents, the Articles of Incorporation, By-Laws, and any other promulgated rules and regulations, amendments in effect within the terms of my (our) ownership. Also, I (We) consent to make inquiry of the references provided.

**Proposed Purchaser(s) Signature(s):**

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

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

Mortgage Company: \_\_\_\_\_ Loan #: \_\_\_\_\_

Name of Closing Office: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ Fax Number \_\_\_\_\_

Interviewer(s) ( ) Approval ( ) Denied

By: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Signature Title

## INTERVIEW CHECKLIST FOR OCCUPANT

### Westwoods II

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 Prokop, PA, our management company at 941-342-6444.

**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. Resales as well as rentals require an application to, and approval of, the board. There is an application fee of \$50.

**Hot Water Heater** – When leaving unit for an extended period turn off the hot water tank supply and circuit breaker.

**Driving Speed** – Approach Rd is posted at 20mph. Please observe the 20mph 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** – Collected Wednesday morning. 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 at the front of the pool house. All notices of meetings and pertinent information will be posted on the board.

**Noise** – No loud noises after 10 pm. 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 Westwoods II resident.

**Grilling** – Grilling is allowed in rear areas of condos.

**Owner(s) / Occupant(s) Signature:**

\_\_\_\_\_  
\_\_\_\_\_

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

**Director's Signature:**

\_\_\_\_\_  
\_\_\_\_\_

**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