

PARKRIDGE CONDOMINIUM ASSOCIATION, INC. Updated 2.08.10
PLEASE ALLOW TWO

(2) WEEKS FOR PROCESSING

A COPY OF THE PROPOSED LEASE MUST ACCOMPANY THIS APPLICATION

APPLICATION PURCHASE/LEASE (Circle One)

PLEASE PRINT OR TYPE

PLEASE FILL IN ALL INFORMATION

HOMEOWNER INFORMATION

UNIT #/BUILDING _____ PRESENT OWNER _____
ADDRESS _____ CITY, STATE _____ ZIP _____
REALTOR/AGENT _____
ADDRESS _____ TELEPHONE# _____
CLOSING DATE _____ OR LEASE DATES FROM: _____ TO: _____

APPLICANT INFORMATION

NAME _____ SPOUSE/CO-OCCUPANT _____
D/O/B _____ SS# _____ D/O/B _____ SS# _____
DRIVERS LICENSE # _____ DRIVERS LICENSE # _____
CURRENT ADDRESS _____ CITY, STATE _____ ZIP _____ PHONE# _____
OWN _____ RENT _____ IF RENT LANDLORD NAME _____ PHONE# _____

OCCUPATION _____
BUSINESS ADDRESS _____ CITY, STATE _____ ZIP _____ PHONE # _____

IF RETIRED, STATE FORMER OCCUPATION _____

PET: TYPE: _____ WEIGHT: _____

VEHICLES: MAKE: _____ YEAR _____ MODEL _____ TAG _____

MAKE: _____ YEAR _____ MODEL _____ TAG _____

NAMES AND RELATIONSHIP OF ALL PERSONS WHO OCCUPY THE UNIT:

BANK REFERENCE: NAME _____ ADDRESS _____

2 PERSONAL REFERENCES NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

* I AUTHORIZE THE BOARD OF DIRECTORS OR ITS AUTHORIZED AGENTS TO INVESTIGATE MY (OUR) BACKGROUND AND CREDIT REPORT. * I HAVE READ THE DOCUMENTS AND RULES & REGULATIONS AND AGREE TO ABIDE BY THEM. * I WILL PAY PROMPTLY ANY SUMS DUE THE ASSOCIATION, INCLUDING COMPENSATION FOR ANY DAMAGES TO THE COMMON ELEMENTS OR ASSOCIATION PROPERTY.

SIGNATURE OF APPLICANTS _____

SIGNATURE OF OWNERS _____

PRINT NAME OF APPLICANTS _____

PRINT NAME OF OWNERS _____

DATE _____

DATE _____

ASSOCIATION APPROVAL: APPROVAL _____ DISAPPROVAL _____

SIGNATURE _____

TITLE _____

DATE _____

Return to: DELLCOR MANAGEMENT, 310 Palm Avenue Sarasota, Florida 34243 (941) 358-3380 FAX: 360-8417