

Lake Vista Residences Condominium Association, Inc.
c/o Progressive Community Management, Inc.
3701 S. Osprey Avenue
Sarasota, FL 34239-6848

Application for Approval of Rental

Return this application to the above address with a non-refundable \$100.00 application fee payable to Lake Vista Residences Condominium Association, Inc. This application must be received three (3) business days prior to start of lease.

ALSO ATTACH TWO (2) SEPARATE \$250.00 CHECKS PAYABLE TO LAKE VISTA RESIDENCES: (1) \$250.00 REFUNDABLE MOVE IN DEPOSIT TO BE RETURNED PROVIDED NO DAMAGE TO THE COMMON AREAS AFTER MOVE AND (2) \$250.00 REFUNDABLE MOVE-OUT TO BE RETURNED PROVIDED NO DAMAGE TO THE COMMON AREAS AFTER MOVING OUT AT THE END OF THE TERM OF THE LEASE.

APPROVAL OF APPLICATION IS CONTINGENT UPON OWNER'S ASSESSMENT BEING CURRENT WHEN LEASE PERIOD BEGINS.

The undersigned proposes to lease a Lake Vista Residences Condominium:

Address: _____ Unit No. _____

To: _____

Lease period From _____ To _____

Owner Signature _____ Date _____

Applicant	Co-Applicant
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Local Phone: _____	Local Phone: _____
SS #: _____	SS #: _____
DOB: _____	DOB: _____
Email Address: _____	Email Address: _____
Driver's Lic. #: _____	Driver's Lic. #: _____

ATTACH A COPY OF EACH INDIVIDUAL APPLICANT(S) DRIVERS LICENSE(S).

Personal Reference: _____ Phone Number: _____

Personal Reference: _____ Phone Number: _____

Other person(s) who will occupy the unit with you:

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____ State: _____ Tag #: _____
Make: _____ Model: _____ Year: _____ State: _____ Tag #: _____

1. Has any proposed tenant ever been convicted of a felony or a sex-related crime?

2. Has any proposed tenants ever been convicted of any crime involving violence to persons or property?

Name of Real Estate Co.: (if any) _____ Phone: _____

I have received and read a copy of the Rules and Regulations and General Information of the Lake Vista Residences Condominium Association, Inc. and understand my responsibilities as a lessee. I agree to abide by the provisions of said documents.

Date signed: _____

Signature of Applicant for Lease

Telephone Number

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION.

This application must be received three (3) business days prior to beginning of lease.

I do hereby authorize with my (our) signature(s) the release of public records, credit reports, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to Lake Vista Residences Condominium Association Inc. Board of Directors and all its members now and in the future.

I agree to hold harmless Lake Vista Residences Condominium Association Inc. Board of Directors and all providers of information on the prospective owner(s) stated above. In the event that the information provided by me (us) is found to be misleading and/or false my acceptance for this rental, whether determination is made before or after my date of lease may be affected.

Date

Signature of Applicant

Date

Signature of Co-Applicant

Action of Board of Directors

Approved

Disapproved

Date: _____

Director or Authorized Agent: _____