

SARASOTA PALMS
CONDOMINIUM ASSOCIATION

2725 Coconut Bay Lane
Sarasota, Florida 34237
Phone: (941) 366-5561
Fax: (941) 954-2038
office@sarasotapalms.com
Revised January 22, 2013

APPLICATION FOR PURCHASE OR LEASE

*Please complete application as thoroughly as possible to expedite approval process. Approval may take up to 10 days.
Taking occupancy before association approval may subject resident to immediate eviction.*

Application Information

Property: Building # _____ Unit# _____ Monthly Rent \$ _____ Purchase Price\$ _____
Property Management Company or Owner _____ Phone# _____
Comments: _____

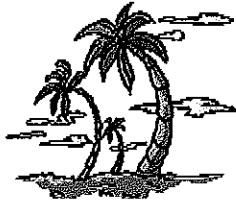
General Information

First Name: _____ Last Name: _____
Email: _____ SSN: _____
Phone Number: _____ Birth Date _____
Drivers License # and State _____
Total # of Occupants _____ Names and Ages: _____

Have you ever been convicted of a Felony? _____ Have you ever been evicted? _____
Do you have any pets? _____ If yes, provide type, breed, and weight for each: _____

Residence/Rental History

Address: _____
Current Landlord/Manager Name: _____ Phone: _____
Dates of Residency (From/To) _____ Monthly Rent _____
Reason for Leaving: _____
If you have lived at your current residence for less than 2 years provide:
Prior address, City, State, Zip: _____
Prior Landlord/Property Manager Name _____ Phone: _____
Dates of Residency (From/To) _____



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Employment/Income History

Current Employer Name: _____ Phone# _____

Current Employer Street Address, City, State, Zip: _____

Dates of Employment (From/To) _____

Monthly Gross Pay: \$ _____ Current Occupation: _____

Additional Income (2nd job, etc): _____

If current employment less than 2 years, provide prior Employer name: _____

Prior Employer Street Address, City, State, Zip: _____

Prior Employer Phone Number: _____

Dates of Employment (From/To): _____

References:

Name 1: _____ Phone# _____

Name 2: _____ Phone# _____

Emergency Contact

Emergency Contact Name: _____

Address: _____

Email: _____ Phone: _____

Other info 1: _____

Other info 2: _____

Co-Signer/Guarantor:

Co-Signer/Guarantor Name: _____

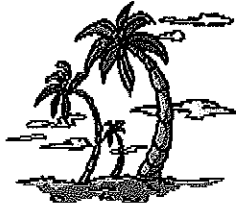
Address: _____

Email: _____ Phone: _____

Birth Date: _____ SSN: _____

Drivers License #/State _____

Applicant Comments: _____



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APPLICATION FOR PURCHASE OR LEASE
Application Agreement

Agreement: I/We authorize Sarasota Palms Condominium Association ("Association") and/or Landlord or it's agent to do a complete investigation of all information provided on this application. I/we have personally filled in and/or reviewed all information listed on this application. A complete investigation may include any or all of the following: Credit Reports, Employment History, Criminal Records, Rental History Verification and Personal Interviews with references.

I/We acknowledge that Sarasota Palms Condominium Association and/or Landlord may hire a third party to perform this investigation and approve these third parties to perform these investigative services. Specifically, these third-parties may include, but are not limited to, Screening Reports, Inc., Equifax, TransUnion, and or any other providers Sarasota Palms Condominium Association and/or Landlord chooses in its sole discretion to perform these duties.

I understand that this is a routine application to establish credit, character, employment, and rental history. I also understand that this is NOT an agreement to rent and that all applications must be approved.

By signing below, I/we authorize verification of references given and all entities listed on this application to release rental, job history (including salary information), credit and criminal record information. I declare that the statements above are true and correct, and I agree that the landlord may terminate my agreement entered into in reliance on any misstatement made.

I understand that the Association's management system, Buildium, will email me a secure request for credit check. I further understand that I will need to follow instructions in the email carefully, and complete the steps requested within 72 hours of receipt of the email. If help is needed, it may be obtained by calling the Sarasota Palms office during business hours at 941.366.5561.

I understand that the Rules and Regulations of the Association mandate approval by the Association before taking occupancy of the unit. _____ (Please initial)

I understand that any adult (18 or older) moving in with me must complete the application process and be approved prior to move-in. _____ (Please initial)

A non-refundable application fee in the amount of \$75.00 for prospective tenants, \$100 for prospective owners payable by cash, Certified Check or Money Order must accompany this application. **NO PERSONAL CHECKS ACCEPTED.** Please make all certified checks or money orders payable to Sarasota Palms Condominium Association.

I have received, read and hereby agree to abide by the Rules & Regulations of Sarasota Palms Condominium Associations. _____ (Please initial)

Before moving in I will contact the office to have protective pads installed to prevent damage to the elevators. If I fail to do this I will be responsible for any damage to the elevator.

Signature: _____ Date: _____

Signature: _____ Date: _____