

SUMMER LAKES CONDOMINIUMS

APPLICATION TO PURCHASE OR LEASE

This form must be completed and along with a non-refundable check for \$150.00 payable to ProCare Association Management Inc. Mail the application and the check to ProCare Association Management c/o Summer Lakes, 4016 Cortez Rd. W, #1201, Bradenton, FL 34210. The Board must receive the application 10 days prior to closing for the Board to review. Approval is required prior to closing or occupancy.

Date _____ Change of Ownership ☐ Rental Application ☐

Proposed Closing Date _____ Lease Term _____ to _____

Property Address _____ Unit No _____

Intended Use of Property

Full Time Resident ☐ Seasonal ☐ Investment ☐

Applicant

Name _____ DOB _____ SS# _____

Driver's License # _____ Email _____

Cell Phone _____ Work Phone _____

Current Address

Street _____ State _____ City _____ Zip _____

Employer

Name _____

Address _____

Supervisor _____ Phone _____

Number of persons to occupy the unit either permanent or part-time: Adults: _____

Anyone over the age of 18 yrs. must complete an application

Children Names**Age**

_____	_____
_____	_____
_____	_____

Pets Two (2) pets only will be allowed. Weight restriction 50 lbs. each

Breed of pet/s: _____ Weight at maturity: _____

Breed of pet/s: _____ Weight at maturity: _____

Automobiles

Make: _____ Model: _____ License Plate No: _____ State: _____

Make: _____ Model: _____ License Plate No: _____ State: _____

Personal Reference (Local if possible)

Name: _____ Phone No: _____

Address: _____

Personal Reference (Local if possible)

Name: _____ Phone No: _____

Address: _____

Note:

1. Pets exceeding 50 lbs. at maturity are not permitted.
2. Minimum rental period is six (6) months.
3. Owners/renters must agree to sign and to abide by the Rules and Regulations of the Association. A copy will be kept in your file.
4. The Association is authorized for up to ten (10) working days to process this application.
5. The unit can only be occupied by those people identified on the lease not exceeding 2 people per bedroom. Visitors who occupy a unit for more than two (2) weeks are considered a resident (family excluded) and must complete an application which includes a \$100.00 fee.

I/We (owner/lessee) have received and read the Rules and Regulations adopted by the Association and agree to abide by them. I understand that failure to abide by said Rules and Regulations could result in termination of lease.

Initial _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MOTOR VEHICLE VIOLATIONS (TICKETS)?

YES: _____ NO: _____

If Yes, When and where?

IMPORTANT NOTICE TO PURCHASER/S: By signing this application, purchaser/s are affirming that they have received a copy of the Condominium Documents from your real estate agent or seller. This is a requirement by Florida

Law. If one is not available, a copy can be obtained from the management company at a cost of \$75.00. Purchaser/s agree that the above information is true and correct.

Signature of Applicant:	Date:
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BACKGROUND CHECK AND CREDIT REPORT CONSENT FORM

I agree to hold harmless ProCare Association Management, and all providers of information on the prospective owner/ tenant's stated above. In the event that the information provided by me (us) is found to be misleading or false, my acceptance for this lease whether determination is made before or after my date of occupancy, maybe affected.

I do hereby authorize with my (our) signature(s) the release of public records, credit report, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to ProCare Association Management, and all its members now and in the future for exclusive use.