

Send to PCM

Lido Presidential Inc.

APPLICATION (check one) RENTAL/LEASE SALE/PURCHASE

This application must be completed in its entirety and submitted before any contract is entered into. It is the applicant's responsibility to see that the real estate agent complies with these procedures. All applications MUST include a \$100 application fee per individual (or married couple), made payable to **Lido Presidential Inc.**, and a photocopy of Driver's License for all applicants. Please allow fourteen (14) days for approval.

Unit Address & Unit # _____ Term of Lease / Closing date _____

Owner Name: _____ Co-Owner: _____

Address: _____ Phone: _____

Name (Print) _____ Name 2 (Print): _____

Phone number: _____ DOB: _____ Phone number: _____ DOB _____

Email Address: _____ Email Address: _____

Driver's License # _____ State _____ Driver's License # _____ State _____

Present Address: _____ City/State _____ Zip _____

Previous Address _____ City/State: _____ Zip _____

Name of Landlord/Mortgage: _____ Bank (local) _____

Employer: _____ Phone # _____ Employer: _____ Phone # _____

References: Name, Address & Phone # (other than family or Real Estate Agent) Preferably Local:

Real Estate Agent: _____ Phone: _____

Do you need a Medically Warranted Service or Support Animal? Yes _____ No _____

Type of Animal: _____ Please attach your medical papers warranting the animal. All animal requests are reviewed by our attorney. Also, the paperwork for condo standards for approved animals will require your signature. The condo standard for approved dogs is on the LidoPresidential.com website under the tab Condo Documents.

Vehicle Information:

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

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

Emergency Contact Person: _____ Phone: _____

Names and Ages of additional occupants (and ages if under 18 yr) _____

I have received and read a copy of all Association's Documents, Rules & Regulations. I understand my responsibilities as an owner/occupant. I agree to abide by the provisions of said documents. Signature: _____ Date: _____

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

I agree to hold harmless Progressive Community Management, Inc., 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 sale/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 Progressive Community Management, Inc., and all its members now and in the future for exclusive use of the Association.

Signature: _____ Date: _____ Signature: _____ Date: _____

Action by Association: Approved: _____ Not Approved: _____ Conditions: _____

Signature: _____ Title: _____ Date: _____

Return Application and Fee to:

Progressive Community Management, Inc.
3701 South Osprey Avenue
Sarasota, FL 34239