



**BROADWAY**  
PROMENADE

# Broadway Promenade Condo Assoc., Inc.

1064 N. Tamiami Trail, Sarasota, FL 34236

www.broadwaypromenade.net    Broadway@broadwaypromenade.net

PH 941-951-0260    FAX 941-953-3970

## APPLICATION BY PROPOSED OWNER - PAGE 1 OF 3

**PLEASE NOTE: BEFORE A PERSON MAY OCCUPY A UNIT THAT PERSON MUST COMPLETE AND SUBMIT AN APPLICATION AND FEE, BACKGROUND SCREEN FORM, AND BE APPROVED BY THE ASSOCIATION BOARD OF DIRECTORS.**

Upon approval of this application, a copy of the deed must be furnished to the Association's office within ten (10) days of the date of approval.

I intend to purchase Unit# \_\_\_\_\_. The scheduled closing date is \_\_\_\_\_, 20\_\_\_\_\_.

In order for you to facilitate consideration of my application for the purchase of the above designated unit in Broadway Promenade Condominium Association, Inc., I represent that the information provided herein is factual and true. I am aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application, particularly of the personal information and that the investigation may be as to my character, general reputation, personal characteristics, credit standing, police records, and mode of living.

Name of Real Estate Agent \_\_\_\_\_ Name of Current Owner \_\_\_\_\_

I will be bound by Broadway Promenade Condominium Association, Inc. Declaration of Condominium, Bylaws, Articles of Incorporation, and Association Rules and Regulations.

**PLEASE NOTE:**

- ⇒ A \$75 fee must accompany this application PER APPLICANT - cash check or money order made out to *Broadway Promenade*.
- ⇒ All 4 pages of this app must be completed and returned to the management office for consideration.
- ⇒ No more than (2) persons per bedroom
- ⇒ All Vehicles must be registered with the Association
- ⇒ Proof of purchase must be given to the BPCAI management office within 10 days of the date of closing or a late fee of \$25 will be charged.
- ⇒ An orientation must be scheduled within 3 days of closing with the Association Management office.
- ⇒ No unit shall be leased or rented more than one (1) separate term within a (1) year period.
- ⇒ Entire units may be rented for a period of not less than ninety (90) days.
- ⇒ An application to sell, rent or lease a unit must be approved by the Board of Directors prior to transaction.

Initials \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_

\*\*\*\*\*FOR THE ASSOCIATION TO COMPLETE\*\*\*\*\*

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

BPCAI Board Member Signature \_\_\_\_\_ Date \_\_\_\_\_ Manager Signature \_\_\_\_\_ Date \_\_\_\_\_



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## APPLICATION BY PROPOSED OWNER - PAGE 2 OF 3

Have you previously resided in or owned:

A Condominium \_\_\_\_ Cooperative \_\_\_\_ Apartment complex \_\_\_\_ Deed restricted community \_\_\_\_

Please provide the name of the development (s) and the name, address, phone number a manger, officer or other person in authority: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

If yes - please provide details. Use separate sheet of paper if necessary:

\_\_\_\_\_

### PERSONAL INFORMATION - OWNER

NAME: \_\_\_\_\_

NAME CO-OWNER \_\_\_\_\_

PHONE: \_\_\_\_\_

ALT PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALT EMAIL: \_\_\_\_\_

LIST ALL OCCUPANTS AND AGES IF UNDER 18: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST ANY PETS THAT WILL RESIDE IN THE CONDO: \_\_\_\_\_

WILL BROADWAY PROMENADE BE YOUR PERMANENT ADDRESS? \_\_\_\_\_

PRESENT HOME ADDRESS: HOW LONG? \_\_\_\_\_

\_\_\_\_\_

STREET

CITY

STATE

ZIP

CONTACT INCASE OF EMERGENCY:

\_\_\_\_\_

NAME

PHONE #

RELATIONSHIP



# AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, **Broadway Promenade Condo Assoc Inc** herein referred to as *Association* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the *Association* at any time during my occupancy with the *Association*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the *Association* a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

\*\*\*\*\*

### Applicant Information

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Driver's License State \_\_\_\_\_

**IMPORTANT:** The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) \_\_\_\_\_

Race/National Origin: \_\_\_\_\_ Gender: Male Female Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_