

**COUNTRY CLUB APARTMENTS CONDOMINIUMS ASSN., INC.**

C/O Argus Property Management  
2477 Stickney Point Road  
Suite 118A  
941 927-6464  
Fax: 941 927-6767

**CONDOMINIUM RENTAL APPLICATION FORM**

THIS APPLICATION MUST BE SUBMITTED TEN (10) DAYS PRIOR TO OCCUPANCY TO ALLOW THE BOARD OF DIRECTORS WITH ADEQUATE TIME TO PROCESS. \*\* PLEASE NOTE THAT THIS IS A 55 & OVER COMMUNITY AND IS REGISTERED WITH THE STATE OF FLORIDA. THERE IS AS 3 MONTH MNIUMUM RENTAL REQUIREMENT. A COPY OF PHOTO IDENTIFICATON MUST BE SUBMITTED WITH THIS APPLICATION TO VERIFY 55 & OVER STATUS. THE BEACON BACKGROUND SCREENING APPLICATION MUST BE SUBMITTED WITH THIS APPLICATION. APPLICATIONS SUBMITTED WITHOUT IDENTIFICATION CANNOT BE PROCESSED AND WILL BE RETURNED TO OWNER.

\*\*\*THERE IS A \$100.00 TRANSFER FEE DUE WITH THE APPLICATION\*\*\*

Owners Name: \_\_\_\_\_ Unit# \_\_\_\_\_

.....  
Lease term: From: \_\_\_\_\_ To: \_\_\_\_\_

Number of occupants: \_\_\_\_\_ Is everyone related? \_\_\_\_\_ **No Pets Allowed**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Vehicle Make, year, License# \_\_\_\_\_

**Only One Parking Space Per Unit**

Is there any occupant who is handicapped: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_  
(If retired, please give last previous occupation)

Other Intended occupants  
No one under the age of 18 may reside permanently in a unit Relationship \_\_\_\_\_

References: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

The following information must be provided:

Name of last landlord \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person you wish notified in the event of an emergency:

Phone: \_\_\_\_\_

Name and address of Real Estate Agency: \_\_\_\_\_

Name of Agent \_\_\_\_\_ Phone: \_\_\_\_\_

Please submit the completed application along with the \$100.00 application payable to Country Club Apts. Condo Assn and return to:  
Argus Property Management  
2477 Stickney Point Road  
Suite 118A  
Sarasota, FL 34231  
941 927-6464 Office  
941 927-6767 Fax

Tenant understands and agrees to observe the rules, regulations and restrictions contained in the Association "Articles" and "Declaration of Condominium" and "By-laws", as well as condominium rules established by the Board of Directors. The tenant(s) acknowledge having read the above mentioned rules, regulations and restrictions by signing in the space provided below.

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

Tenant: \_\_\_\_\_ Co-Tenant \_\_\_\_\_

Print Print

Tenant Signature: \_\_\_\_\_ Co-Tenant Signature: \_\_\_\_\_

Agent or Owner: \_\_\_\_\_ Date Submitted \_\_\_\_\_

.....  
**FOR BOARD USE ONLY**

\_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

If disapprove please provide reason: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Dated: \_\_\_\_\_ Board signature: \_\_\_\_\_

# TENANT BACKGROUND SCREENING APPLICATION

Client: Country Club Apt. Condo

Applicant:

Please Print Clearly

Full Legal Name:	Maiden/Alias	
Current Street Address:		
City:	State:	Zip:
Home Phone:	Circle Own	Rent
Driver's License Number:	State:	
Social Security Number:	Date of Birth:	

Spouse:

Full Legal Name:	Maiden/Alias:	
Driver's License Number:	State:	
Social Security Number:	Date of Birth:	

Current Landlord:

Name:	Phone:	
How long did you live at this address?	Current rent:	
Reason for move:		
Previous address if less than 5 years at above address:		
Street:		
City:	State:	Zip:
Landlord's name:	Phone:	
Reason for move:		

Employment:

Employer:	Occupation:	Salary:
Address:	City:	State: Zip:
Supervisor:	Phone:	Date of service:
SPOUSE:		
Employer:	Occupation:	Salary:
Address:	City:	State: Zip:
Supervisor:	Phone:	Date of service:

If you answer yes to any of the following questions please explain:

Have you ever been evicted?	
Have you filed bankruptcy in the last 7 years?	
Have you ever been arrested or convicted of a misdemeanor or felony?	

I understand that an investigative background inquiry is to be done, including but not limited to identity and prior address (es) verification, work and other references. I understand that for the purpose of this inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate and private sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance as well as other information. I authorize without reservation, any company, agency, party or other source contacted to provide the above information.

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

Spouse or Co-Signer Signature: \_\_\_\_\_ Date: \_\_\_\_\_