

**PARK LANE CONDOMINIUM OWNERS ASSOCIATION, INC.  
APPLICATION FOR SALE / RENTAL**

**A NON-REFUNDABLE \$50 Application Fee must be submitted for each applicant.**

Make check only payable to: ***Park Lane Homeowners Association*** and

**A NON- REFUNDABLE \$50.00 Processing fee: Payable to Cams by Stacia**

Mail it to: Community Association Management by Stacia

(CAMS) 1800 2nd Street, Suite 717, Sarasota, FL 34236

(941) 315-8044 [office@cam-ss.com](mailto:office@cam-ss.com)

Please print clearly.

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Park Lane Unit # \_\_\_\_\_ Owner(s) \_\_\_\_\_

Reason for Purchase: Occupy \_\_\_\_\_ Rental \_\_\_\_\_ Closing Date: \_\_\_\_\_

Rental: Lease begins: \_\_\_\_\_ Expires: \_\_\_\_\_

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Applicant (1) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Make & Model: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant (2) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZATION:** You hereby authorize and request, without any reservation any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having information about you to furnish any reporting agency of Community Association Management by Stacia's choice with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Applicant 1: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2: \_\_\_\_\_ Date: \_\_\_\_\_

**BACKGROUND SCREENING APPLICATION**

Please PRINT neatly

**APPLICANT 1**

Full Legal Name:	Maiden/Alias:		
Current Street Address:	State:	Zip:	
Phone:	E-Mail:		
Driver's License Number	State of ID:		
Social Security Number:	Date of Birth:		
Employer:	Occupation:		
Address:	City:	State:	Zip:
Supervisor:	Phone:	Dates of Service:	

**IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS PLEASE EXPLAIN:**

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

**CO-APPLICANT:**

Full Legal Name:	Maiden/Alias:		
Current Street Address:	State:	Zip:	
Phone:	E-Mail:		
Driver's License Number:	State of ID:		
Social Security Number:	Date of Birth:		
Employer:	Occupation:		
Address:	City:	State:	Zip:
Supervisor:	Phone:	Dates of Service:	

**IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS PLEASE EXPLAIN:**

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

**CURRENT LANDLORD**

Address:	Phone:
	How long at this address:

**PREVIOUS ADDRESS IF LESS THAN 5 YEARS AT ABOVE ADDRESS:**

Street:
Landlord's Name:

DISCLOSURE: A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. A consumer report and/or investigative consumer report may be obtained at anytime during the application process or during your residence. In the event of adverse action, upon timely written request of the association or management, and within 5 days of the request, the name, address and phone number of the reporting agency and the scope of the investigative consumer report will be disclosed to you.

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

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