

Palm-Aire @ DeSoto Lakes
APPLICATION FOR SALE or LEASE
Application Fee (Non Refundable): \$100.00 payable to Palm-Aire @ DeSoto Lakes

"APPLICATION MUST BE COMPLETE"

Unit Address or Unit # _____

Possession or Closing Date: _____ Lease Term from _____ To _____

Buyer or Tenant Information:

Buyer/Tenant (Please print) _____ Co-Buyer/Tenant _____

Buyer/Tenant Date of Birth _____ Co-Buyer/Tenant Date of Birth _____

Buyer/Tenant Driver's Lic # _____ Co-Buyer/Tenant Drivers Lic # _____

Present Address _____

Phone _____ Cell _____ E-mail Address _____

Names of additional people occupying the premises (give ages of those under 18)

Employer _____ Phone _____

Purpose of Purchase: Owner Occupy _____ Investment _____ Rental _____ Full Time Residence _____
Part Time Residence _____

Vehicle Information PLEASE NOTE: Pick up Trucks & Commercial Vehicles are Prohibited

How Many? _____

Make _____ Model _____ Year _____ State _____ Tag Number _____

Make _____ Model _____ Year _____ State _____ Tag Number _____

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

I agree to hold harmless RCM 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 false or misleading, my acceptance for this lease, whether determination is made before or after my date of occupancy, may be affected. I have been given a copy of the Rules and Regulations and agree to abide to them.

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 **RCM Realty** . and all members now, and in the future for exclusive use of Palm Aire at DeSoto Lakes Condominium Association, Inc. (Condo A)

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

Owner/Seller's Statement

Name (Print) _____ Co-Owner (print) _____

Address _____ Phone _____

Seller's Signature _____ Date _____

Action by Association: Approved _____ Disapproved _____ Conditions _____

Signature _____ Title _____ Date: _____

RETURN SIGNED APPLICATION TO: RCM, 3056 UNIVERSITY PKWY, SARASOTA FL 34235