

Association Management, Inc.

P.O. Box 18809, Sarasota, FL 34276

Office (941) 870-4920 Fax (941) 870-9652

Email: estoppels@sunstatemanagement.com and allapplications@sunstatemanagement.com

Leasing and Sales Application

Return this application to Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276. Must include a <u>copy of Driver's License</u> for all residents over 18 years of age and a Non-Refundable <u>Application fee of \$150.00</u> made payable to Sunstate Management Group, Inc. Incomplete form will be returned.

			Lease	_ or Sale					
Present Ow	ner:								
Unit Addres	ss:								
Title Compa	any:								
Anticipated Closing DATE			/ Lease	/ Lease Date(s) From		to			
SALES	5	YES NO	Realtor / Lease M	anager					
Full-Time R	esidence?		Name, Phone & E	mail:					
			Applicar	nt Information					
Full Name:					Date	of Birth:			
	Last		First		M.I.				
Phone:				Email					
Driver License #:		SS # / Passport:	SS # / Passport:		oyer:				
Full Name:					Date	of Birth:			
	Last		First		M.I.				
Phone:				Email					
Driver License #:		SS # / Passport:	SS # / Passport:		Employer:				
Present Add									
	Stree	et Address Cit	ty, State, Zip						
Previous Ad									
			ity, State, Zip						
Other Occu	pants:								
Name and Pet(s):	Date of Birth of all other occupants under 18 years of age. (If over 18 use additional application.)								
()	Breed		Weight						
Vehicle 1:									
	Make		Model		State	License Plate #			
Vehicle 2:									
	Make		Model		State	License Plate #			
List any add	litional veh	icles on a ser	parate sheet.						

IF THIS APPLICATION IS INCOMPLETE IT WILL BE RETURNED TO APPROPRIATE PERSON OR AGENT PLEASE USE AN ADDITIONAL APPLICATION FOR MORE THAN TWO RESIDENTS OVER THE AGE OF 18



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References

Please list references.

Full Name:	Relationship:
Address:	Phone:
Full Name:	Relationship:
Address:	Phone:
Previous Landlord /	
Mortgager:	
Address:	Phone:
Authoriz	ation of Release of Information

Applicant(s) represent that all the information and statements for purchase or lease are true and complete, and hereby authorize an investigative consumer report including, but not limited to, residential history, employment history, criminal records and credit reports. I am aware that any falsification or misrepresentation of the facts in this application will result in immediate rejection of this application.

Signature:			Date:
Signature:			Date:
			Disclaimer and Signature
-	es Associ	ation, Inc., a	Association Documents: By-Laws and the Rules and Regulations nd agree to abide by them. Documents can be found on the website n/
Signature:			Date:
Signature:			Date:
			Action By Board of Directors
Application Approved Board Signature:	YES		Date:

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