

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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