

Sea Villa Apartments

c/o Sunstate Association Management, Inc.

P.O. Box 18809, Sarasota, FL 34276

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

Email: estoppels@sunstatemanagement.com and teammember5@sunstatemanagement.com

Leasing and Sales Application

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

Lease ___ Dates ___ to ___ Sale ___ Mortgage Type _____ Closing Date _____

Present Owner: _____

Title Co: _____

Unit Address: _____

Full-Time Residence? YES NO Realtor / Lease Manager Name and Phone: _____

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Phone: _____ Email _____

Driver License #: _____ Social Security: _____ Employer: _____

Full Name: _____ Date of Birth: _____
Last First M.I.

Phone: _____ Email _____

Driver License #: _____ Social Security: _____ Employer: _____

Present Address: _____
Street Address City, State, Zip

Previous Address: _____
Street Address City, State, Zip

Other Occupants: _____

Name and Date of Birth of all other occupants under 18 years of age. (If over 18 use additional application.)

Pet(s): _____
Breed Weight

Vehicle 1: _____
Make Model State License Plate #

Vehicle 2: _____
Make Model State License Plate #

List any additional vehicles on a separate sheet.

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References

Please list references.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Previous Landlord /

Mortgager: _____

Address: _____ Phone: _____

Authorization 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

The undersigned has received a copy of the Association Documents: By-Laws and the Rules and Regulations of Sea Villa Apartments and agree to abide by them.

Signature: _____ Date: _____

Signature: _____ Date: _____

Action By Board of Directors

Application Approved YES NO Interview _____ Background _____

Board

Signature: _____ Date: _____