

c/o Sunstate Association Management, Inc. P.O. Box 18809, Sarasota, FL 34276 Office (941) 870-4920 Fax (941) 870-9652 Email: <u>estoppels@sunstatemanagement.com</u> and <u>allapplications@sunstatemanagement.com</u>

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 \$100.00</u> made payable to Sunstate Association Management Group, Inc.

		Lease or sale								
Present Ow	ner:									
Title Co:										
Unit Addres	SS:									
Lot No: Anticipated Closing / Lease Date(s)										
Full-Time Re	YES	5								
		Name and Phone:								
		Applicant Information								
Full Name:			Dated	of Birth:						
	Last	First	M.I.							
Phone:		Email								
Driver Licen	se #:	SS # / Passport:	Emplo	yer:						
Full Name:			Dated	of Birth:						
	Last	First								
Phone:		Email								
Driver Licen	se #:	SS # / Passport:	Emplo	yer:						
Present Add										
	Street Add	Iress City, State, Zip								
Previous Ad	dress:									
		ldress City, State, Zip								
Other Occup	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 vehicles c	on a separate 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



SAN MARCO II AT VENETIAN GOLF & RIVER CLUB CONDOMINIUM ASSOCIATION, INC.

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 allopplications@sunstatemanagement.com

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
9		1.5	ne Association Documents: By-Laws and the Rules and Regulations of San ndominium Assoc., Inc and agree to abide by them.
Signature:			Date:
Signature:			Date:
	_		Action By Board of Directors
Application Approved Board Signature:	YES	NO	Date:

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