South Preserve II at Waterside Village c/o Sunstate Association Management, Inc. P.O. Box 18809, Sarasota, FL 34276 Office (941) 870-4920 Fax (941) 870-9652 Email: 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 Association Management Group, Inc.

Present Owner:	Lease	eDates	to	Sale	Mortgage Type	Closing Date	
Full-Time Residence? 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: Date of Birth: Last First M.I. Phone: Date of Birth: Date of Birth: Last First M.I. Phone: Email Date of Birth: Prover License #: Social Security: Employer: Present Address: Street Address City, State, Zip Previous Address: Street Address City, State, Zip Other Occupants: Street Address City, State, Zip Name and Date of Birth of all other occupants under 18 years of age. (If over 18 use additional application.) Pet(s): Breed Weight	Title Co:	SS:					
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: Date of Birth: Last First M.I. Phone: Date of Birth: Last First M.I. Phone: Email Date of Birth: Email Driver License #: Social Security: Employer: Previous Address: Street Address City, State, Zip Previous Address: Street Address City, State, Zip Other Occupants: Street Address City, State, Zip Name and Date of Birth of all other occupants under 18 years of age. (If over 18 use additional application.) Pet(s): Breed Weight	Full-Time Re			0	er		
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: Email Prone: Email Email Driver License #: Social Security: Employer: Present Address: Street Address City, State, Zip Previous Address: Street Address City, State, Zip Other Occupants: Street Address City, State, Zip Name and Date of Birth of all other occupants under 18 years of age. (If over 18 use additional application.) Pet(s): Breed Weight				Applicant Inf	ormation		
Phone: Email Driver License #: Social Security: Employer: Full Name: Date of Birth: Last First M.I. Phone: Email Driver License #: Social Security: Email Driver License #: Social Security: Employer: Present Address: Street Address City, State, Zip Previous Address: Street Address City, State, Zip Other Occupants: Street Address City, State, Zip Name and Date of Birth of all other occupants under 18 years of age. (If over 18 use additional application.) Pet(s): Breed Weight	Full Name:	Last		First	Dat	e of Birth:	
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: Street Address City, State, Zip Name and Pet(s): Date of Birth of all other occupants under 18 years of age. (If over 18 use additional application.) Pet(s): Breed Weight	Phone:				mail		
Last First M.I. Phone: Email	Driver Licens	se #:	Socia	al Security:	Emj	ployer:	
Last First M.I. Phone: Email	Full Name:				Dat	e of Birth:	
Driver License #: Social Security: Employer: Present Address: Street Address City, State, Zip Previous Address: Street Address City, State, Zip Other Occupants: Other of Birth of all other occupants under 18 years of age. (If over 18 use additional application.) Pet(s): Breed Weight				Er	<i>M.I.</i> mail		
Street Address City, State, Zip Previous Address: Street Address City, State, Zip Other Occupants: Name and Pet(s): Breed Weight	Driver License #: Soc			ial Security:	Emj	bloyer:	
Previous Address: Street Address City, State, Zip Other Occupants: Name and Pet(s): Breed Weight	Present Add		delmana City Ctata 7	10			
Other Occupants:	Previous Ad	dress:					
Name and Pet(s): Date of Birth of all other occupants under 18 years of age. (If over 18 use additional application.) Breed Weight	Other Occup		5	'			
	Name and						
Vehicle 1:		Breed		Weight			
	Vehicle 1:						
MakeModelStateLicense Plate #		Make		Model	State	License Plate #	
Vehicle 2: Make Model State License Plate #	Vehicle 2:	Mako		Model	State	License Plate #	
List any additional vehicles on a separate sheet.	List any add		: on a senarate she		Sidie		

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

South Preserve II at Waterside Village

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	References
Please list references.	
Full Name:	Relationship:
Address:	Phone:
Full Name:	Relationship:
Address:	Phone:
Previous Landlord / Mortgager:	
Address:	Phone:
Authoriza	tion 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					
The undersigned has received a copy of the Association Documents: By-Laws and the Rules and Regulations South Preserve II at Waterside Village and agree to abide by them.						
Signature:	Date:					
Signature:	Date:					
Action By Board of Directo	ors					
YES NO						

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

Interview _____ Background _____

Date:

Application Approved

Board Signature: