

c/o Sunstate Management Group, Inc. P.O. Box 18809, Sarasota, FL 34276 P: 941-870-4920 | F: 941-870-9652 Email: allapplications@sunstatemanagement.com

Leasing 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 <u>copy of the lease</u> as well as a Non-Refundable <u>Application fee of \$150.00</u> made payable to Sunstate Association Management Group, Inc.

	L	ease Dates	to			
OWNER CONTAC Owner: Phone/Email Unit Address: Realtor/Manage		Name		Phone/Email		
		Applican	t Information			
Full Name:	Last	First		Date of Birth: <i>M.I.</i>		
Phone:		<u>.</u>	Email	Employer		
Full Name:	-			Employer: Date of Birth:		
Phone:	Last	First	Email	M.I.		
Present Address	Employer:					
Previous Address	Street Address City, State, Zip					
	Street Address City, State, Zip					
Other Occupants	Name and Date of application.)	Birth of all other occ	upants under 1	18 years of age. (If over 18 use additional		
Pet(s) Vehicle 1: Vehicle 2:	Breed	Weight				
	Make	Model		State License Plate #		

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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Disclaimer and Signature

The undersigned has received a copy of the Association Documents: By-Laws and the Rules and Regulations of and agree to abide by them. All pets must be leashed; ALL pet waste must be picked up.

Signature:				Date:	
Signature:				Date:	
			Action By Board of Directors		
Application Approved Board Signature:	YES	NO		Date:	