



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

Return this application to Sunstate Management, PO Box 18809, Sarasota, FL 34276. **MUST include the following:**

- Copy of Driver's License for all residents over 18 years of age
- Copy of the Lease Agreement
- Criminal & Financial Background Check - provided by and at the cost of the Owner of the property per governing documents (Amended ECR12.2012/12.a.iv.)
- \$150 NON Refundable application fee made payable to Sunstate Management
- \$25 NON Refundable application fee made payable to Gulf View Estates Owners' Association, Inc.

LEASE APPLICATION MUST BE MADE AT LEAST 15 DAYS IN ADVANCE OF LEASE TERM PER ASSOCIATION DOCUMENTS

(Please see association governing documents for additional leasing requirements and restrictions.)

LEASE APPLICATION

Lease Dates _____ to _____

OWNER CONTACT	Name	Phone/Email
Owner:	_____	_____
Phone/Email	_____	_____
Unit Address:	_____	
Realtor/Manager	_____	

Applicant Information

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

Phone: _____ Email _____
 Employer: _____

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

Phone: _____ Email _____
 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: _____

Vehicle 2: *Make Model State License Plate #*

IF THIS APPLICATION IS INCOMPLETE, IT WILL BE RETURNED TO THE 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 YES NO

Board
Signature: _____ Date: _____

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