The Homeowner's Association of Country Place, Inc.

c/o Sunstate Management
PO Box 18809, Sarasota, FL 34276
P: 941-870-4920 | F: 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 copy of Driver's License for all residents over 18 years of age and a Non-Refundable Application fee of $150.00 per application made payable to Sunstate Association Management Group, Inc.

Lease ___ or Sale ___

Present Owner: _____
Title Co: _____
Unit Address: _____
Lot No: ***Anticipated Closing / Lease Date(s)***

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 #: _____ SS # / Passport: _____ Employer: _____

Full Name: _____ Date of Birth: _____
Last *First* *M.I.*
Phone: _____ Email _____
Driver License #: _____ SS # / Passport: _____ Employer: _____
Present Address: _____
Street Address City, State, Zip
Previous Address: _____
Street Address City, State, Zip
Other Occupants: _____

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 additional vehicles on a separate sheet.

References

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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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 *Country Place Sarasota Florida*, and agree to abide by them.

Signature: _____ Date: _____

Signature: _____ Date: _____

Action By Board of Directors

	YES	NO
Application Approved	☐	☐

Board Signature: _____ Date: _____

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