



c/o Sunstate Management Group, Inc.
 P.O. Box 18809, Sarasota, FL 34276
 Tel: 941.870.4920 / Fax: 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 copy of Driver's License for all residents over 18 years of age and a copy of the lease as well as a Non-Refundable Application fee of \$150.00 made payable to Sunstate Association Management Group, Inc.

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 _____

Driver License #: _____ Social Security: _____ Employer: _____

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: **Name and Date of Birth of all other occupants under 18 years of age.**
(If over 18 use additional application.)

Pet(s) Breed _____ Weight _____

Make Model State License Plate #

Vehicle 1: _____

Vehicle 2: _____



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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 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

Signature: _____ Date: _____