



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
- \$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 _____

Driver's License: _____ Social Security: _____ Employer: _____

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

Phone: _____ Email _____

Driver's 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 _____

Vehicle 1: _____
Make Model State License Plate #

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**



Gulf View Estates Owners Association, Inc.

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

References

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 Gulf View Estates HOA and agree to abide by them.

Signature: _____ Date: _____

Signature: _____ Date: _____

Action By Board of Directors

Application Approved YES NO Background _____
Board

Signature: _____ Date: _____