Palms at Casey Key Homeowners Association Inc.

c/o Sunstate Association Management, Inc. P.O. Box 18809, Sarasota, FL 34276 Office (941) 870-4920 Fax (941) 870-9652 Email: <u>allapplications@sunstatemanagement.com</u>

Leasing and Sales 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 Non-Refundable <u>Application fee each of</u> \$150.00 made payable to Sunstate Management Group, Inc.

		Lease	or Sale	_						
Present Owne	er:									
Title Co:										
Unit Address: Lot No: Anticipated Closing / Lease Date(s)										
		Applicant	Information							
Full Name:				D	ate of Birth:					
L	ast	First		M.I.						
Phone:			Email							
Driver License	#:	Social Security:		Er	nployer:					
Full Name:				D	ate of Birth:					
L	ast	First		M.I.						
Phone:			Email							
Driver License	#:	Social Security:		Er	nployer:					
Present Addre	SS:									
		ess City, State, Zip								
Previous Addr										
		ress City, State, Zip								
Other Occupa	nts:									
Name and Pet(s):	Date of Birth of	all other occupants under 18	years of age	(If over 18 us	e additional application.)					
	Breed	Weight								
Vehicle 1:										
Λ	Лake	Model		Stat	e License Plate #					
Vehicle 2:										
	Лake	Model		Stat	e License Plate #					
List any additi	onal vehicles on	a separate sheet.								

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mail: allapplications@su	nstatemanagement.com						

References

F

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, <u>criminal records and credit reports</u>. 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 ne Association Documents: By-Laws and the Rules and Regulations of Palms nc. , and agree to abide by them.
Signature:	Date:		
Signature:			Date:
			Action By Board of Directors
Application Approved Board Signature:	YES		Date: