

# Villa Vivaci Neighborhood Association, Inc.

c/o Sunstate Association Management, Inc.

P.O. Box 18809, Sarasota, FL 34276

Office (941) 870-4920 Fax (941) 870-9652

Email: [estoppels@sunstatemanagement.com](mailto:estoppels@sunstatemanagement.com) and [brian@sunstatemanagement.com](mailto:brian@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 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 #: \_\_\_\_\_ 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*

Vehicle 1: \_\_\_\_\_  
*Make Model State License Plate #*

Vehicle 2: \_\_\_\_\_  
*Make Model State License Plate #*

List any additional vehicles on a separate sheet.

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## 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 Villa Vivaci Neighborhood Association, Inc. and agree to abide by them.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Action By Board of Directors

Application Approved YES ☐ NO ☐

Board

Signature: \_\_\_\_\_ Date: \_\_\_\_\_