

Bay Oaks 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: allapplications@sunstatemanagement.com

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.** There is a \$299 estoppel fee and a \$299 transfer fee made payable at closing.

Present Owner: _____
Title Co: _____
Unit Address: _____
Lot No: Anticipated Closing
Full-Time Residence? YES ☐ NO ☐ Realtor Name, Phone & Email: _____

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.

Bay Oaks 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: 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 Bay Oaks Homeowners Association, Inc., and agree to abide by them.

Signature: _____ Date: _____

Signature: _____ Date: _____

Action By Board of Directors

Application Approved YES NO
Board ☐ ☐

Signature: _____ Date: _____