

Roseate Court Association, Inc.

c/o Sunstate Association Management, Inc.
P.O. Box 18809, Sarasota, FL 34276
Office (941) 870-4920 Fax (941) 870-9652

APPLICATION TO BUY/LEASE A UNIT

A non-refundable fee of \$150.00 and photo ID must accompany this application payable to Sunstate Association Management, Inc. The undersigned proposes to purchase or Lease: **Address** _____, the undersigned does hereby apply for approval of this Sale / Lease, by the Roseate Court Association, Inc to which the following information is submitted. I understand that any outstanding sums due to Roseate Court Association, Inc must be paid prior to or at closing, for the purchaser to get clear title or lease approval.

TO BE FILLED OUT BY PURCHASER(S)/ LEASEE:

Owner's Name: _____ Telephone: _____

Proposed Closing Date: _____ OR Lease Dates: From _____ To _____

Name of Applicant: _____ Telephone: _____

Name of Spouse/Co-Occupant: _____ Telephone: _____

Email: _____ Email: _____

Present Address: _____

Members of family who will be in residence: _____

All residents (including renters) are restricted to only 1 dog which cannot exceed 25 pounds

(Breed / Weight): _____

Real Estate or Leasing Agent:

Name	Company	Telephone No. / Email
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In case of emergency notify:

Name	Address	Telephone No.
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Vehicle(s) on property:

Year	Make/model	STATE/tag #
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Year	Make/model	STATE/tag #
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AUTHORIZATION OF RELEASE OF INFORMATION

Applicant(s) represent that all of 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. A photo ID required for all persons over 18 years of age.

Applicant

Social Security #: _____ Date of Birth: _____

(Personal information will be redacted prior to submitting for approval to the Board).

Co-Applicant

Social Security #: _____ Date of Birth: _____

(Personal information will be redacted prior to submitting for approval to the Board).

The undersigned has received a copy of the Association Documents: By-Laws, the Rules and Regulations and the Pool Rules of Roseate Court Association, Inc. and agree to abide by them.

Signed: _____ Date: _____

Signed: _____ Date: _____

**IF THIS APPLICATION IS INCOMPLETE IT WILL BE
RETURNED TO APPROPRIATE PERSON OR AGENT**

ACTION BY BOARD OF DIRECTORS:

Approved _____ Disapproved _____

Signed: _____

Date: _____

Officer of Roseate Court Association, Inc

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Perico Bay Club

Gate Entry Information
Unit sold or rented
(circle one)

Association Name _____

Unit Address _____

Current Owner _____

Closing or lease Date(s) _____

New Owner(s) or renters

Name(s) _____

Address _____

Phone number(s) _____

Email(s) _____

Vehicle #1 _____
 Make Model Year Plate

Vehicle #2 _____
 Make Model Year Plate

Approved By Management Company _____
 Name Company

Date _____

Sunstate to Email: pericobayguardone@gmail.com
Please allow 3 days prior to closing.
Thank you,
Perico Bay Security