

SHORELINE TERRACES I 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 Lease: **Unit #** _____ Audubon Dr, the undersigned does hereby apply for approval of this Sale / Lease, by the Shoreline Terraces I Association, Inc to which the following information is submitted. I understand that any outstanding sums due to Shoreline Terraces I 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: _____ Email: _____ Phone: _____

Proposed Closing Date: _____ **OR** Lease Dates: FROM _____ TO _____

Name of Applicant: _____ Email: _____ Phone: _____

Name of Spouse/Co-Occupant: _____ Email: _____ Phone: _____

Present Address: _____

Members of family who will be in residence: _____

Owners can have up to two dogs weighing no more than 20 lbs. each – NO EXCEPTIONS

Renters are not allowed pets

Pet 1 Breed / Weight: _____ Pet 2 Breed / Weight: _____

Real Estate or Leasing Agent:

Name	Company	Phone No.	Email
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In case of emergency notify:

Name	Address	Phone No.	Email
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Vehicle(s) on property

_____	_____	_____
Year	Make/model	STATE/tag #

_____	_____	_____
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 (#1)

Social Security #: _____ Date of Birth: _____

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

Co-Applicant (#2)

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 Shoreline Terraces I Association, Inc, and agree to abide by them.

Signed: _____ Date: _____

Signed: _____ Date: _____

ACTION BY BOARD OF DIRECTORS:

Approved _____ Disapproved _____

Signed: _____ Date: _____

Officer of Shoreline Terraces I Association, Inc

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

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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 _____

Email to: pericobayguardone@gmail.com

Please allow 3 days prior to closing.

Thank you,

Perico Bay Security