

# 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 \$100.00 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 #
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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 (#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

**AUTHORIZATION TO PERFORM BACKGROUND INVESTIGATION  
AND CRIMINAL REPORT**

In compliance with applicable state law, this notice is to inform you that this company may obtain a BACKGROUND PROFILE AND CRIMINAL report.

Reports include but are not limited to criminal background checks, Department of Motor Vehicle records, and associated profile information. An investigative report contains information of your character; general reputation, personal characteristics, or mode of living which has been obtained through public records and personal interviews with neighbors, friends, or associates or from others with whom you are or have been acquainted or who may have knowledge concerning and such information.

By signing below I \_\_\_\_\_, authorize this company to obtain a Criminal report or an investigative profile report in connection with my employment, or tenancy as set forth herein.

X \_\_\_\_\_  
SIGNATURE DATE

Full Legal Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

Or Passport

Submit a signed authorizatopn for each occupant 18 and older

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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)** \_\_\_\_\_

<b>Vehicle #1</b>	_____	_____	_____	_____
	<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Plate</b>

<b>Vehicle #2</b>	_____	_____	_____	_____
	<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Plate</b>

<b>Approved By Management Company</b>	_____	_____
	<b>Name</b>	<b>Company</b>

**Date** \_\_\_\_\_

Email to: [pericobayguardone@gmail.com](mailto:pericobayguardone@gmail.com)

Please allow 3 days prior to closing.

Thank you,

Perico Bay Security