

# WATERCREST COMMUNITY 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](mailto:allapplications@sunstatemanagement.com)

## Sale/Owner 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.

Sale Closing Information	Name(s)	Phone / Email
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Unit Address: \_\_\_\_\_  
Current Owner \_\_\_\_\_  
Title company \_\_\_\_\_  
Closing Date \_\_\_\_\_

Full-Time Residence? YES  NO  Realtor Name and Phone: \_\_\_\_\_

Applicant Information
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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First MI.*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Employer: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First MI.*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver License #: \_\_\_\_\_ 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 (If over 18 use additional application.)**  
\_\_\_\_\_  
\_\_\_\_\_

Pet(s) Breed \_\_\_\_\_ Weight \_\_\_\_\_

*Make Model State License Plate #*

Vehicle 1: \_\_\_\_\_

Vehicle 2: \_\_\_\_\_

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## References

Please list references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Previous Landlord \_\_\_\_\_ Phone: \_\_\_\_\_

## Disclaimer and Signature

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

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

## Action By Board of Directors

Application Approved YES  NO  Interview \_\_\_\_\_  
Board  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_