

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

Leasing 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 copy of the lease as well as a Non-Refundable Application Fee of \$150.00 made payable to Sunstate Association Management Group, Inc.

Lease Dates _____ to _____

OWNER CONTACT	Name	Phone/Email
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Owner: _____
Phone/Email: _____
Unit Address: _____
Realtor/Manager: _____

Applicant Information

Full Name: _____ Date of Birth: _____
Last First MI.

Phone: _____ Email: _____

Driver License #: _____ Social Security: _____ Employer: _____

Full Name: _____ Date of Birth: _____
Last First MI.

Phone: _____ Email: _____

Driver License #: _____ Social Security: _____ Employer: _____

Present Address: _____
Street Address City, State, Zip

Previous Address: _____
Street Address City, State, Zip

Name and Date of Birth of all other occupants under 18 years of age.

Other Occupants: **(If over 18 use additional application.)** _____

Pet(s) Name _____ 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: _____

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 Watercrest HOA and agree to abide by them.

Signature: _____	Date: _____
Signature: _____	Date: _____

Action By Board of Directors

Application Approved YES NO Interview _____ Background _____

Board Signature: _____ Date: _____