

# WOODSIDE TERRACE CONDOMINIUM ASSOCIATION, INC.

c/o Sunstate Management Group, Inc. P.O. Box 18809, Sarasota, FL 34276  
Tel: 941.870.4920 / Fax: 941.870.9652 / Email: brian@sunstatemanagement.com

DATE \_\_\_\_\_

I/WE HEREBY SUBMIT THIS APPLICATION AS A BUYER OR LESSEE

I/WE HAVE INCLUDED A NON-REFUNDABLE APPLICATION FEE OF \$100.00 PAYABLE TO THE ASSOCIATION

I/WE HAVE ALSO INCLUDED A \$50.00 PROCESSING FEE PAYABLE TO SUNSTATE MANAGEMENT GROUP, INC.

A COPY OF THE LEASE OR SALES CONTRACT MUST BE ATTACHED. **RECEIVED: Y** \_\_\_\_\_ **N** \_\_\_\_\_

I/WE INTEND TO PURCHASE \_\_\_\_\_ OR LEASE \_\_\_\_\_ (PLEASE CHECK ONE).

THE PREMISES LOCATED AT: \_\_\_\_\_ WOOD CREEK DRIVE, SARASOTA, FL 34231

THE CURRENT OWNERS ARE: \_\_\_\_\_

TELEPHONE: H) \_\_\_\_\_ C) \_\_\_\_\_ EMAIL) \_\_\_\_\_

I/WE (**BUYER OR LESSEE**) HAVE RECEIVED AND READ THE DECLARATION, THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE ASSOCIATION, **RECORDED APRIL 2018**. I/WE UNDERSTAND MY/OUR RESPONSIBILITIES & I/WE AGREE TO ABIDE BY THE PROVISIONS OF SAID DOCUMENTS: \_\_\_\_\_

(Buyer/Lessee Initials)

(Buyer/Lessee Initials)

**BUYERS:** I/WE INTEND TO RESIDE \_\_\_\_ F/T \_\_\_\_ P/T ..... **LESSEES:** LEASE PERIOD - FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ (Printed) NAME OF CO-APPLICANT \_\_\_\_\_ (Printed)

PRESENT ADDRESS \_\_\_\_\_

TELEPHONE: H) \_\_\_\_\_ C) \_\_\_\_\_

E-MAIL 1) \_\_\_\_\_ 2) \_\_\_\_\_

## **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/we are aware that any falsification or misrepresentation of facts will result in the rejection of this application.

PRIMARY APPLICANT; SS #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_  
(Personal information will be redacted prior to submission to the Board.)

ONE (1) RESIDENT MUST BE 55 YRS OF AGE OR OLDER - PROOF OF AGE REQUIRED: **RECEIVED: Y** \_\_\_\_\_ **N** \_\_\_\_\_

IF A PET OR PETS ARE TO BE KEPT AT THE RESIDENCE: # AND TYPE OF PETS: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

A PERSONAL INTERVIEW MAY BE REQUIRED PRIOR TO APPROVAL.

TENANT OR PURCHASER MAY NOT TAKE POSSESSION (MOVE-IN) BEFORE APPROVAL IS GRANTED.

MAKE, MODEL AND YEAR OF VEHICLES: 1) \_\_\_\_\_ 2) \_\_\_\_\_

\_\_\_\_\_  
BUYER/TENANT (SIGNATURE) DATE BUYER/TENANT (SIGNATURE) DATE

\_\_\_\_\_  
BOARD/AGENT (SIGNATURE) DATE BOARD/AGENT (SIGNATURE) DATE