Gulf Horizons Condominium Association, Inc. RENTAL/LEASE/SALES APPLICATION

Return this application to Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276 and email to: allapplications@sunstatemanagement.com. 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.

Date:		Unit #:	
Unit Owner:		Telephone:	
Email:		_	
		Rental .	
Ple	ease provide a copy of le	ease agreement or deed.	
Name of Occupant		Main Phone #	
Email:	Address:		
Closing Date/Sale	Rental/Lease Period: From To		
Business Reference: Name: _		Tel#:	
Address:			
Personal Reference: Name:		Tel#:	
unit will be occupied as a single	family dwelling consisting	/Lessee, and Owner understand and agree that the g of not more than four (4) persons, and that no pets	
•		Property-owners shall not permit smoking or common elements. Smoking shall be permitted on	
the extreme north east portion			
The family which will occupy th	e unit will consist of the f	ollowing persons:	
1		Relationship:	
2		Relationship:	
3		Relationship:	
4.		Relationship:	

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Emergency Renter/Lessee Contact Name:		Tel:	
their renter's co have read the Ho	mpliance with the House Rules wh	n the Declaration of Condominium and guarantees lich are attached. Renter/Lessee affirms that they wner and Renter/Lessee understand and agree that on by the Board of Directors.	
Owner's Signature		Renter/Buyers Signature	
applicant may be	-	or to signing of a rental/lease agreement, and the of Directors before such approval is considered. The om receipt of this application.	
Return to:	Sunstate Management Group P.O. Box 18809 Sarasota, FL 34276 Tel: 941.870.4920 / Fax: 941.87 Email: allapplications@sunstate		
Board of Director	rs Action: Approved	Disapproved	
Signing for the Bo	pard of Directors:		
	Title:		
	Pg. 2		
es your guest v lowing:	vant to be included in the House	e Directory? If so, please provide the	
uest's e-mail add	dress		
uest's phone nu	mher		