

Gulf Horizons Condominium Association, Inc.

RENTAL/LEASE/SALES APPLICATION

Date: _____

Unit # _____

Unit Owner: _____ Telephone: _____

Email: _____

Check One -----Sale Lease Rental _____.

Please provide a copy of lease agreement or deed.

Name(s) of Buyer / Lessee _____

Address: _____

Main Phone: _____ Alternate Phone: _____

Email Address: _____

Closing Date (Sale): _____

Rental/Lease Period: From: _____ To: _____

Business Reference: Name: _____ Tel#: _____

Address: _____

Personal Reference: Name: _____ Tel#: _____

Address: _____

Name of Agent involved and their company: _____

Contact number/email _____

Renter/Lessee, and Owner understand and agree that the unit will be occupied as a single family dwelling consisting of not more than four (4) persons, and that no pets of any kind are allowed. Gulf Horizons is a SMOKE FREE PROPERTY, Unit owners shall not permit smoking or secondhand smoke within the individual units or upon any portion of the common elements or limited common elements. Smoking shall be permitted on the extreme north east portion of the parking lot.

The family which will occupy the unit will consist of the following persons:

1. _____ Relationship: _____

2. _____ Relationship: _____

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Emergency Renter/Lessee Contact Name: _____ Tel: _____

Owner further agrees to abide by the regulations in the Declaration of Condominium and guarantees their renter's compliance with the House Rules which are attached. Renter/Lessee affirms that they have read the House Rules and agree to comply. Owner and Renter/Lessee understand and agree that non-compliance will be grounds for immediate eviction by the Board of Directors.

Owner's Signature

Renter/Buyers Signature

Approval by the Board of Directors is required prior to signing of a rental/lease agreement, and the applicant may be requested to meet with the Board of Directors before such approval is considered. The Board will make its decision within thirty (30) days from receipt of this application.

Return to: Sunstate Management Group
P.O. Box 18809
Sarasota, FL 34276
Tel: 941.870.4920 / Fax: 941.870.9652
www.sunstatemanagement.com

Board of Directors Action: Approved _____ Disapproved _____

Date: _____

Signing for the Board of Directors: _____

Title: _____

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Does your guest want to be included in the House Directory? If so, please provide the following:

| Guest's e-mail address _____

| Guest's phone number _____