PALMER LAKE MASTER ASSOCIATION, INC APPLICATION FOR SALE/RENT

MUST include a photocopy of all a \$150 Application Fee per married couple and per unm <i>Manager</i>	pplicants Driver's Licenses and include a arried adult occupant made payable to "Sunstate Association nent Group, Inc.				
Return to Sunstate Association Manager	nent Group., PO BOX 18809 Sarasota, FL 34276				
Phone:	941-870-4920				
Unit Address & Unit #	Closing Date/ Lease Date:				
IF PURCHASE: Will unit be: Part-Time Residence?	Full-Time Residence?				
Other?					
BUYER INFORMATION:					
Name #1:	Name #2:				
DL#	DL#				
SS:	SS:				
DOB:	DOB:				
Phone:	Phone:				
Email: Present Address	Email: Present Address:				
Previous Address	Previous Address:				
#1 Employer	Tol				
1 Employer Tel: Tel: Tel:					
Names of all occupants under 18 years of age:					
References: (other than family or Real Estate Agents):					
1. Previous Landlord/Mortgager:	Tel:				
2. Bank (Preferably Local)	Phone:				
Pet(s): Number:					
Type(s):	Weight(s):				
Vehicle Information: How Many?					
Make					

Model:

Year:		St	ate:	License #	
Make:	Model	Year:	State:	License #	
Realtor Name:				Tel:	
				Rules and Regulations a visions of said document	
Buyer Signature:		Dat	te:		
EMPLOYMENT VE I agree to hold ha is found to be misl ownership/occupar report, rental or lea	RIFICATION rmless, Sunstate As eading or false, my ncy, may be affected se information and e ement Group, Inc., a	ssociation Managemen Purchaser(s)/Tenant(s acceptance for this sa d. I do hereby autho employment verification	It Group, Inc., and a) stated above. In th le/lease, whether de prize with my (our) s n, whether by fax, ver and in the future for	BLIC RECORDS, RENTAL/ all providers of information e event that the information etermination is made befor signature(s), the release of rbal, photocopy or original exclusive use of Palmer Lal	on on the prospective on provided by me (us) re or after my date of public records, credit signature, to: Sunstate ke Master Association.
Γ	0	ature			
UNIT OWNER: Unit Owner Name Address:	e(s) (Print			Tel:	
	(Ot	her Than Unit Being S	Sold/Leased)		
Owner's/Seller's S REVIEW:	Signature:		Date:		
Background Check Credit Check: SMGI: Initia			_		
Action by Associati Not approved	on: Approved				
Conditions:					
Signature	Title:	Date:			