

Island Park Condominium Owners Association, Inc.

c/o SUNSTATE ASSOCIATION MANAGEMENT GROUP, INC.
MAILING ADDRESS: P.O.BOX 18809, Sarasota FL. 34276
Office 941-870-4920 allapplications@sunstatemanagement.com

APPLICATION FOR SALE OF UNIT AND APPROVAL

PLEASE PRINT

A non-refundable fee of \$150.00 must accompany this application. Payable to Sunstate Association Management Group, Inc. The undersigned proposes to sell Unit No: _____ Address: _____ to: _____, identified below, and the undersigned does hereby apply for approval of this sale, by the Island Park Condominium Owners Association, Inc. to which the following information is submitted. **Attached herewith is a copy of the executed Sales Contract.** I understand that any outstanding sums due to Island Park Condominium Owners Association, Inc. must be paid prior to closing.

Seller: _____ Seller: _____

Closing Date: _____

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PURCHASER'S STATEMENT

Buyer's Name: _____ Spouse Name: _____
Buyer's SS#: _____ Spouse SS#: _____
Buyer's DOB: _____ Spouse DOB: _____
Present Address: _____

Phone: _____ Email: _____

Residency Intentions: Year Round Seasonal Lease

Business or Profession (Present or Former): _____

Position Occupied: _____ Active or Retired: _____

Active Duty US Military or Reserves: (Circle One) Yes No

Name of Real Estate Co/Agent: _____

Phone / Email _____

Other persons who will occupy the unit with you

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

Vehicle Information: How Many: _____

Make: _____ Model: _____ Color: _____ Year: _____ State: _____ Tag#: _____

Make: _____ Model: _____ Color: _____ Year: _____ State: _____ Tag#: _____

Pets

Only two (2) pets allowed. Must be leashed and owner responsible for disposal of all excrement from all areas.

Yes _____ No _____ Type _____ Weight _____

Yes _____ No _____ Type _____ Weight _____

I have read and received a copy of the Declaration of Condominium, the Articles of Incorporation, the Bylaws, Frequently Asked Questions and Answer Sheet and Rules and Regulations of Island Park Condominium Owners Association, Inc. and understand my responsibilities as an owner. I agree to abide by the provisions of said documents.

_____	_____	_____
Date of Closing	Signature of Applicant for Purchaser	Date
_____	_____	_____
Date of Closing	Signature of Applicant for Purchaser	Date
_____	_____	_____
Closing Agent	Telephone Number	Date

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION

I agree to hold harmless, Sunstate Association Management Group, Inc. and all providers of information on the prospective buyer(s)/tenant(s) stated above. In the event that the information provided by me (us) is found to be misleading or false my acceptance for this rental, lease or purchase, whether determination is made before or after my date of occupancy, may be affected.

I do hereby authorize with my (our) signatures(s) the release of public records credit report, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, and all its members now and in the future.

_____	_____
Date	Signature Applicant
_____	_____
Date	Signature Applicant

Action of Board of Directors:

Date: _____ Approved: _____ Disapproved: _____

_____	_____
Director's Signature	Title

RETURN TO:

Sunstate Association Management Group, Inc.
P.O.BOX 18809, Sarasota FL. 34276