

SUNSET TOWERS CONDOMINIUM ASSOCIATION
AMI
9031 Town Center Parkway
Bradenton, FL 34202

APPLICATION FOR LEASE, GUEST, GIFT, DEVISE or INHERITANCE APPROVAL

1. This application, on application for approval, and authorization forms must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant). NOTE: Persons desiring to occupy any unit for more than 30 days in one calendar year must also complete and file a residency application for approval.
2. If any question is not answered or is left blank, or any required attachment not submitted, this application shall be deemed incomplete and will be returned, not processed and not approved.
3. Please attach a copy of the lease contract to this application.
4. Please attach a non-refundable processing fee of \$75.00 (\$100 to expedite) to this application, made payable to SUNSET TOWERS CONDOMINIUM ASSN., for each applicant other than husband/wife or parent/dependent child (which is considered one applicant). Acceptance of the processing fee does not in any way constitute approval for the transaction.
5. Please attach a \$100.00 common area damage deposit, in a separate check, to this application, made payable to SUNSET TOWERS CONDOMINIUM ASSN. Any damage by the lessee, their children, guests or visitors shall be deducted from the common area damage deposit. This deposit will be kept in a non-interest-bearing account. Within 15 days of the expiration of the lease, kindly request in writing the refund of the deposit.
6. The completed application must be submitted to AMI at least 30 days prior to the desired date of occupancy.
7. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited. Early departure, prior to the end of the approved period, must be reported to the Board of Directors within five (5) business days of scheduled departure.
8. No lease shall be for less than three (3) months for a furnished unit. No lease shall be for less than 12 months or greater than 24 months for an unfurnished unit. Renewals or extensions of leases subject to re-approval by the Board of Directors. No lease shall contain a provision allowing for a lease or continuance of a lease on a month-to-month basis. New or renewed leases must be approved by the Board of Directors. Any alterations or addendums to the lease including early termination/cancellation of lease must be reported to the Board of Directors within five (5) business days of the termination/cancellation.
9. No pets allowed in excess of 15 inches in height (at shoulder) at maturity. No more than one pet allowed.
10. Use of this unit is for single family residence only.
11. Only passenger cars and vans less than 17 feet in height are permitted. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc., are permitted to park on the premises overnight. Unidentified vehicles may be towed from SUNSET TOWERS property by management. One (1) assigned garage parking spot is available per unit. A second spot may only be assigned when/if available. No more than two vehicles from a single unit are permitted on Sunset Towers property for an extended time.

June 19, 2013

- 12. The owner (landlord) must provide the lessee with a copy of the Association Rules and Regulations.
- 13. Occupancy Regulations: No more than six (6) persons per unit.
- 14. Moving furniture in or out is not permitted on Saturdays, Sundays or holidays. Moving in or out requires supervision of security doors by Management. After 4:00 p.m., a fee of \$25.00/hr. will be charged for such supervision (minimum charge: one (1) hour.). A notice in writing 3 days prior to moving in or out.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date: _____ Unit #: _____

Owner's Name(s): _____

Owner's Present Address: _____

Name of Realtor Handling Lease: _____

Realtor Telephone: _____ Lease Term: From: _____ To: _____

Name of Proposed Lessee (as lease will appear):

Tenant: _____ Co-Tenant: _____

Other Persons Who Will Occupy the Unit with You:

Name:	Relationship/Occupation:
-------	--------------------------

OWNER CONFIRMATION:

Application for Lessee/Guest will not be approved without signature in this section.

The undersigned Owner of Unit or appointed agent thereof by Power of Attorney herein attached, agrees that Owner/Lessor shall be responsible for any nuisance or damage caused by Lessee, and that Lessor shall evict or consent to the eviction of any Lessee who fails to fulfill the described obligation to the Association and shall hold harmless Sunset Towers Condominium Association, Inc., its Directors, Officers, Agents, and Employees for such action and shall reimburse the Association for any costs incurred, including reasonable attorney's fees, should legal action be deemed necessary by the Association or its Board of Directors.

Owner(s)/Rental Agent Signature

_____ Date _____

_____ Date _____

INTERVIEWED BY SUNSET TOWERS BY:

_____ Date _____

_____ Date _____

() Approved for the Board of Directors: () no contingency () with contingency as follows:

Signature _____ Date _____

Signature _____ Date _____

() Denied for the Board of Directors:

Signature _____ Date _____

Signature _____ Date _____

June 19, 2013

- INSTRUCTIONS:**
- 1 - Applicants are not legally married, an application on each person must be completed.
 - 2 - Print legibly or type all information. Account and telephone numbers and complete addresses are required
 - 3 - If any question is not answered or left blank, this application may be returned, not processed or not approved.
 - 4 - Missing information will cause delays in processing your application
 - 5 - Only the applicants are authorized to sign all forms.
 - 6 - Any misrepresentation or falsification of information may result in your disqualification.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE

Purchase _____ or Lease _____ (How Long)

Apt No. _____ B'dg No. _____ Special Address of Unit _____

Date _____ 19____ Desired date of occupancy _____

Name _____ Date of Birth _____ Soc Sec No _____
(Passport, Alien, Green Card, Social Insurance No.)

Spouse _____ Date of Birth _____ Soc Sec No _____
(Passport, Alien, Green Card, Social Insurance No.)

[] Sngl [] Married [] Widowers [] Sep _____ [] Div _____ Maiden Name _____
(How Long)

Number of people who will occupy Adults (over 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify _____ () _____ () _____
Name Address Telephone

PRINT OR TYPE

RESIDENCE HISTORY

A Present Address _____ Phone () _____
Street Address Apt No. City State Zip

Name of Apt./Condo _____ Phone () _____
 Dates of Residency _____

Name of Landlord or Mortgage Co _____ Phone () _____
 Address _____ Mtg No _____

B Previous Address _____ Your Apt No _____
Street Address Apt No. City State Zip

Name of Apt./Condo _____ Phone () _____
 Dates of Residency _____

Name of Landlord or Mortgage Co _____ Phone () _____
 Address _____ Mtg No _____

C Prior Address _____ Your Apt No _____
Street Address Apt No. City State Zip

Name of Apt./Condo _____ Phone () _____
 Dates of Residency _____

Name of Landlord or Mortgage Co _____ Phone () _____
 Address _____ Mtg No _____

PRINT OR TYPE

EMPLOYMENT & BANK REFERENCES

A Employed By (Business Name) _____ Phone () _____
for related form

How Long _____ Dept or Position _____ Mo Income _____
 Address _____ Zip _____

B Spouse's Employment (Business Name) _____ Phone () _____
for related form

How Long _____ Dept or Position _____ Mo Income _____
 Address _____ Zip _____

C Bank Reference _____ Phone () _____
 How Long _____ Chk Acct No _____ Sav Acct No. _____
 Address _____ Zip _____

D Bank Reference _____ Phone () _____
 How Long _____ Chk Acct No _____ Sav Acct No. _____
 Address _____ Zip _____

PRINT OR TYPE

CHARACTER REFERENCES

1 _____ Res Phone () _____ Olc Phone () _____
 Address _____ Zip _____

2 _____ Res Phone () _____ Olc Phone () _____
 Address _____ Zip _____

3 _____ Res Phone () _____ Olc Phone () _____
 Address _____ Zip _____

NUMBER OF CARS (to be parked here) Driver's Lic No #1 _____ #2 _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Renters Reference of Florida (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing, the applicant recognizes that the Association or their agent, Renters Reference of Florida, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. This investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Signature _____
Applicant Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure ALL THREE Authorization Forms are completed as indicated.

ALL PARTS OF THESE FORMS ARE REQUIRED - DO NOT CUT OR SEPARATE THEM.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency.

DESIGNATED PARTY: RENTERS REFERENCE OF FLORIDA

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency.

DESIGNATED PARTY: RENTERS REFERENCE OF FLORIDA

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency.

DESIGNATED PARTY: RENTERS REFERENCE OF FLORIDA

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____

APPLICANT INTERVIEW CHECKLIST Sunset Towers Condominium Association, Inc.

11 Sunset Drive, #105, Sarasota, FL, 34236

UNIT # _____

Applicant understands and accepts entire rules contained in Rule Book of 7/2006 and as updated from time to time. Items below are listed to focus on certain aspects of life at Sunset Towers.

- () Do not prop open doors or have service persons prop open doors.
- () Do not open doors to unknown persons in the lobby.
- () Applicant has copy of the Rules and Regulations and agree to abide by such.
- () Access to unit by Management is guaranteed by Law.
- () Applicant is entitled to the use of one storage bin belonging to the Association. When and if Applicant sells referenced unit, the assigned bin will revert back to the Association.
- () No grills or grilling is permitted except on 2p, the Community grilling area.
- () The Board of Directors has authority over all by law and condominium documents.
- () Children must be supervised. Children under 14 must be supervised at the pool.
- () Common Elements use: No food, social gatherings limited, no planters, furniture, personal articles.
- () Applicant is responsible for any damage to common areas.
- () Deliveries of large/heavy items are allowed Monday – Friday, 8:00 a.m. – 4:00 with notice to the Maintenance Supervisor.
- () Moving in or out are only allowed Monday – Friday, 8:00 a.m. – 4:00 p.m. with notice to the Maintenance Supervisor.
- () Emergencies: Call 911. Then report to Maintenance Supervisor Monday – Friday, 8:00 a.m. – 4:00 p.m. or AML (if structural problem with building)
- () Construction in unit requires \$500.00 security deposit to management company, payable to SUNSET TOWERS.
- () Applicant is responsible for supervision of any workman hired for referenced unit.
- () Fines can be levied and judgments collected.
- () Garage use and oil leaks... 1 space per unit, 2nd only if/when available (owners/lessees only) passenger cars only. Clean up fees will apply where necessary.
- () Guests are 30 days annual max or else will be required to apply for formal residency.
- () Hurricane prep: Clear open balconies and open walkways if not in residence.
- () Lease... 90 day objection rule.
- () Noise, Nuisance, Odors are not tolerated.
- () Loud construction/repair noise only permitted Monday – Friday, 8:30 a.m. – 5:30 p.m.
- () Walkway Obstruction prohibited fire code.
- () Pets: One dog, 15 inches at shoulder height at maturity, or cat only. I agree to measurement by neutral vet at my expense should this be questioned. I agree to remove pet from the premises if it does not meet requirements.
- () Pool use: sign posted, by law, no parties.
- () Smoking only allowed in units and where posted.
- () Signs and displays are not allowed in units or vehicles.
- () Applicant will not disconnect smoke alarm(s). If Fire Dept is called for a false alarm, Applicant will pay \$250.00 fee.
- () If renting, Applicant will return all lobby keys directly to management or to owner, not through realtor.
- () Sundeck social gatherings are permitted; guidelines available.
- () Group tours of building is prohibited and soliciting is not permitted.
- () Unit Use Restriction... single family... not more than 6 persons.
- () If leasing, owner responsible for seeing tenant adheres to Rules and Regulations.
- () Have read and understand Rules and Regulations attached to application.

Lessee/Purchaser Signature _____ Date _____

Lessee/Purchaser Signature _____ Date _____

Interviewer Signature _____ Date _____

Owner _____ Unit Number _____

Renter _____

Unit: **Furnished** **Minimum 3 month term no more than 2 times per calender year**

Unfurnished **Minimum 12 month term no more than 1 time per calender year**

Start of the lease ___/___/_____

End of the lease ___/___/_____

Renewal Date ___/___/_____

Renewal period from ___/___/_____ to ___/___/_____ (Maximum of 1 year)

Notes: _____

Rules and regulations section, B. Use of units

No unit may be used for any purpose other than as a single-family residence. The term single-family residence means the use of a unit as a single housekeeping unit by either an individual, or two or more persons all of whom are related to each other by blood, marriage, or legal adoption, or by no more than two (2) persons who are not so related. No more than six (6) occupants, including temporary occupants and guests, are permitted per unit at any one time. No unit may be leased for a period of less than ninety (90) days or more than two (2) times during each calendar year if furnished (D of C 9.1a, 9.1q) and no furnished unit may be leased for less than twelve (12) months.

Owner Signitor _____ Date _____
(I understand I can not re-rent my unit during any unexpired term regardless of any circumstance).