

Sienna Condominium

c/o Pinnacle Community Association Management
PO BOX 21058, Sarasota, FL 34276

APPLICATION FOR SALE/RENTAL

Unit Address/Unit# _____ Possession Date(s): _____ to _____

Name (Print) _____ Name of Spouse: _____

Social Security Number _____ Date of Birth _____ Driver's License No. _____

Present Address _____

Name of Employer: (If Any): _____ Tel: _____

Previous Residence Address _____ Month/Years _____

References: (other than family or Real Estate Agents) preferably local:

1. _____ Phone _____

(Previous Landlord or Mortgagor)

2. Bank (Preferably Local) _____ Phone _____

Pets Number: _____ Type: _____ Weight(s): _____

Vehicle Information: How Many:

Make: _____ Model: _____ Year _____ State _____ License #: _____

Make: _____ Model: _____ Year _____ State _____ License #: _____

Emergency Contact Person _____ Tel: _____

Purpose of Purchase:

Rent/Investment _____ Part-Time Residence _____ Full-Time Residence _____ Other _____

If Rental Contact person _____ Tel _____

Names of Additional Persons to Occupy Premises (give ages if under 18)

I have received and read a copy of all Association's Documents and Rules and Regulations and understand my responsibilities as an owner/renter/occupant. I agree to abide by the provisions of said documents.

Signature _____ Date _____

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

I agree to hold harmless, Markel Management, Inc., and all providers of information on the prospective owner/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 sale/lease, whether determination is made before or after my date of ownership/occupancy, may be affected. I do hereby authorize with my (our) signature(s), the release of public records, credit report, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to: Markel Management, Inc., and all its members now and in the future for exclusive use of Sienna Condominium Association, Inc.

Phone _____ Date: _____

Signature of Applicant

Phone _____ Date: _____

Signature of Applicant

Owner/Seller's Statement: (Copy of Lease must be attached)

Name (Print): _____ Co-Owner (Print) _____

Address _____ Phone _____

(Other Than Unit Being Sold/Rented)

Owner's/Seller's Signature _____ Date _____

Action by Association: Approved _____ Disapproved _____ Conditions _____

Signature _____ Title: _____ Date: _____