

KENSINGTON PRESERVE OF ST. ANDREWS EAST ASSOCIATION, INC

c/o Sunstate Association Management, Inc.

P.O. Box 18809, Sarasota, FL 34276

Office (941) 870-4920 Fax (941) 870-9652

Email: Allapplications@sunstatemanagement.com

Lease Application

Return this application to All Applications c/o Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276. Must include a copy of Driver's License for all residents over 18 years of age and a Non-Refundable Application fee of \$150.00 made payable and submitted at least 30 days prior to occupancy to Sunstate Association Management Group, Inc.

Start Date: _____ End Date: _____

Owner: _____

Unit Address: _____

Phone Number & _____

Email Address: _____

Applicant Information

Full Name: _____ Date of Birth: _____

Last *First* *M.I.*

Phone: _____ Email _____

Driver _____

License #: _____ SS #: _____ Employer: _____

Present _____

Address: _____

Full Name: _____ Date of Birth: _____

Last *First* *M.I.*

Phone: _____ Email _____

Driver _____

License #: _____ SS#: _____ Employer: _____

Present _____

Address: _____

Name and Date of Birth of all other occupants under 18 years of age. (If over 18 use additional application.)

Pet (1 only): *Breed* _____ *Weight* _____

Vehicle 1: *Make* _____ *Model* _____ *State* _____ License Plate # _____

Vehicle 2: _____

Make _____ *Model* _____ *State* _____ License Plate # _____

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Authorization of Release of Information

Applicant(s) represent that all the information and statements for lease are true and complete, and hereby authorize an investigative consumer report including, but not limited to, residential history, employment history, and criminal records. I am aware that any falsification or misrepresentation of the facts in this application will result in immediate rejection of this application.

Signature: _____ Date: _____

Signature: _____ Date: _____

Disclaimer and Signature

The undersigned has received a copy of the Association Documents: By-Laws and the Rules and Regulations of KENSINGTON PRESERVE OF ST. ANDREWS EAST ASSOCIATION, INC., and agree to abide by them.

Signature: _____ Date: _____

Signature: _____ Date: _____

Action By Board of Directors

Application Approved YES NO
Board

Signature: _____ Date: _____