

# 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](mailto: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: \_\_\_\_\_