

Sunset Lake Condominium Association, Inc.

Please send all paperwork, payments, etc. to: **c/o My Town Communities**
Winkler Ave. Suite 101, Fort Myers, FL 33916
Phone (239) 728-6100 / Fax (239) 274-6802

APPLICATION FOR APPROVAL TO PURCHASE OR LEASE CONDOMINIUM UNIT

To: The Board of Directors of Sunset Lake Condominium Association, Inc.,
Address and Unit #:

() I (we) hereby apply for approval to purchase unit _____ in Sunset Lake Condominium Association, Inc., and for membership in the Association.

() I (we) hereby apply for approval to lease unit _____ in Sunset Lake Condominium Association, Inc. for the period beginning _____, 20__, and ending _____, 20__.

A copy of the lease/sale application is enclosed.

(Please Check Appropriate Box)

In order to facilitate consideration of this application, I (we) represent that the following information is factual and true, and agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection. I (We) consent to your further inquiry concerning this application, particularly of the references below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full Name of Applicant _____
2. Full Name of Spouse _____
3. Home Address: _____
Home Phone: _____ Work Phone: _____
4. Citizen of U.S.? Self _____ Spouse _____
5. Nature of Business or Profession _____

If Retired, former _____
6. Company or Firm Name _____
Employee I.D. Number (if applicable) _____
7. Position Held _____
8. Business Address _____
9. The condominium documents of Sunset Lake Condominium Association, Inc, provide an obligation of the unit owners that all units are for single family residence only. Please state name, relationship and age of all other persons who will be occupying the unit regularly.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Three Personal References (local if possible):
 Name _____ Address _____
 City/State _____ Zip _____ Phone _____
 Name _____ Address _____
 City/State _____ Zip _____ Phone _____
 Name _____ Address _____
 City/State _____ Zip _____ Phone _____
11. Bank Reference: _____
12. Have you ever been convicted of a felony or crime involving violence to persons or property? _____
 If so, give full details: _____
13. Person to be notified in case of emergency: _____
 Address _____ Phone _____
14. Make of Car: _____ Year: _____ Tag #: _____ State: _____
 Make of Car: _____ Year: _____ Tag #: _____ State: _____
15. Mailing address for notices connected with this application:
 Name _____ Address _____
 City/State _____ Zip _____ Phone _____
16. **If this transaction is a sale:** I am purchasing this unit with the intention to: (1) reside here on a full-time basis; (2) reside here part-time; (3) lease the unit. (Please circle the number(s) that apply) **I (we) will provide the Association with a copy of our recorded deed within 10 days of closing.**
17. I am aware of, and agree to abide by the Declaration of Sunset Lake Condominium Association, Inc. the Articles of Incorporation, By-Laws and any and all properly promulgated rules and regulations in effect within the terms of my (our) occupancy ownership. I acknowledge receipt of a copy of the Association rules.
18. I understand and agree that the Association, in the event a unit is leased, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Declaration of Condominium of Sunset Lake Condominium Association, Inc., the Association's By-Laws, the Florida Condominium Act and the rules and regulations of the Association.

The Association office will advise the prospective purchaser or lessee within a 15 (fifteen)-day period from the date of receipt of this application, whether this application has been approved.

Dated _____ Applicant Signature: _____

Applicant Signature: _____

☐ A **NON-REFUNDABLE** CHECK FOR \$100.00, PAYABLE TO "Sunset Lake Condominium Association, Inc" MUST ACCOMPANY THIS APPLICATION. A CHECK FOR \$25.00 PAYABLE TO "MY TOWN COMMUNITIES" MUST BE INCLUDED FOR THE COST OF A BACKGROUND CHECK IF ONE IS NOT PROVIDED.

APPLICATION APPROVED _____ DISAPPROVED _____

DATE: _____

BY: _____
 Officer, Director or Manager