

Villa Nova Condominium 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)

### Leasing and Sales Application

Return this application to 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 to **Sunstate Management Group, Inc.**

Lease \_\_\_\_ or Sale \_\_\_\_

Present Owner: \_\_\_\_\_

Title Co: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Lot No: *Anticipated Closing / Lease Date(s)* \_\_\_\_\_

Full-Time Residence? YES  NO  Realtor / Lease Manager Name and Phone: \_\_\_\_\_

#### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Social Security: \_\_\_\_\_ Employer: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Social Security: \_\_\_\_\_ Employer: \_\_\_\_\_

Present Address: \_\_\_\_\_  
*Street Address City, State, Zip*

Previous Address: \_\_\_\_\_  
*Street Address City, State, Zip*

Other Occupants: \_\_\_\_\_

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

*Breed Weight* \_\_\_\_\_

Vehicle 1: \_\_\_\_\_  
*Make Model State License Plate #*

Vehicle 2: \_\_\_\_\_  
*Make Model State License Plate #*

List any additional vehicles on a separate sheet.

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allapplications@sunstatemanagement.com

References

Please list references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord /  
Mortgager: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorization of Release of Information

Applicant(s) represent that all the information and statements for purchase or lease are true and complete, and hereby authorize an investigative consumer report including, but not limited to, residential history, employment history, criminal records and credit reports. 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 Villa Nova Condominium Association, Inc., and agree to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Action By Board of Directors

Application Approved YES NO  
Board

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VILLA NOVA CONDOMINIUM ASSOCIATION, INC.  
c/o Sunstate Association Management Group

VERIFICATION OF OCCUPANCY

As part of this Community’s compliance with the Fair Housing Act, you must initial and fill out this form:

Household with Age 55 Occupant

\_\_\_\_\_, I, \_\_\_\_\_, the undersigned, hereby certify that I am 55  
INITIALS NAME OF LESSEE

years of age or older and at least one member of the household that resides or will reside at

Lot # \_\_\_\_\_ is age 55 or older. That person is \_\_\_\_\_ and  
NAME OF LESSEE  
their age and date of birth is \_\_\_\_\_  
AGE DATE OF BIRTH

I have produced the following document as proof of age:

\_\_\_\_\_  
ID TYPE AND #

Other persons residing at that location will include the following:

Name:	Age:	Date of Birth:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____