

SUNRISE CAY CONDOMINIUM ASSOCIATION, INC. SALE APPLICATION

Return to: Resort Management, Attn: Janis Potter
815 Bald Eagle Drive, #201, Marco Island, FL 34145

Ph: (239) 642-5466, x5203 / Email: JPotter@resortgroupinc.com / Fax: (239) 642-9306)

I (we) apply for approval to purchase Unit # _____ at Sunrise Cay Condominium Association and have submitted the following:

- a. A signed copy of the sales contract.
- b. Non-refundable checks for \$100.00 payable in two (2) checks (\$50 to Resort Management, \$50 to Villages of Sunrise Cay Condominium) and a check for \$75 to Resort Management for the Certificate of Approval Fee.
- c. A **completely** filled out application form (partially completed form **will not be considered**)
- d. Two letters of reference

I (we) represent that the following information is complete and true. I (we) agree that any misrepresentation in this application will justify automatic rejection. I (we) consent to additional inquiry concerning this application, including the references.

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

1ST Buyer Applicant Name: _____ DOB: _____ SS#: _____

Current Home address: _____
Street Number/Name City State/Zip Code

Phone: _____ Email: _____

Previous Address: _____
Street Number/Name City State/Zip Code

Current (or former if retired) Employer: _____ Type of Work: _____

Employer's Address: _____ Tel. Number: _____

Length of time in Position: _____ Supervisor's Name: _____ Monthly Income: _____

Other Sources of Income: _____ Amount _____ When Received: _____

Citizen of U.S.? Yes _____ No _____ If not, submit document copy.

Make of Car: _____ Year: _____ License No: _____ State: _____

Second Car: _____ Year: _____ License No: _____ State: _____

2nd Buyer Applicant Name: _____ DOB: _____ SS#: _____

Current Home address: _____
Street Number/Name City State/Zip Code

Phone: _____ Email: _____

Current (or former if retired) Employer: _____ Type of Work: _____

Employer's Address: _____ Tel. Number: _____

Length of time in Position: _____ Supervisor's Name: _____ Monthly Income: _____

SUNRISE CAY CONDOMINIUM ASSOCIATION , INC.

Other Sources of Income: _____ Amount _____ When Received: _____

Citizen of U.S.? Yes _____ No _____ If not, submit document copy.

Make of Car: _____ Year: _____ License No: _____ State: _____

List Your Bank and Credit References

Name: _____ Address: _____

Tel. No: _____ Account Number: _____

Name: _____ Address: _____

Tel. No: _____ Account Number: _____

List the names and relationship of all persons who will occupy your unit in addition to the applicants above.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____

Complete if you will have a pet staying in the unit.

Type: _____ Breed: _____ Weight at Maturity: _____

List and **return with the application** two (2) personal reference letters from persons you have known for over one year and **are not** related to nor a party to this sale.

Name: _____ Address: _____ Tel. No: _____

Name: _____ Address: _____ Tel. No: _____

Have you ever been convicted of a felony? Yes _____ No _____ If "yes", give details.

In case of emergency notify: _____ Tel. No: _____ Relationship: _____

Address: _____ City: _____ State/Zip: _____

Any litigation (evictions, suits, judgments, bankruptcies, foreclosures, etc.) Yes _____ No _____

If yes, give details and dates _____

I have received, read and agree to abide by the Declaration, By-laws, Amendments, Articles of Incorporation, and the House Rules of Sunrise Cay Condominium Association.

I (we) understand in the event that the unit is leased/rented that I will be required to submit a completely filled out application, with references, and a nonrefundable check for \$100.00 to the Board of Directors **thirty (30) days prior to the rental taking place. I understand that **renters and guests are to keep lanais and patios free of clutter; and nothing is to be affixed to the outside of the building.****

I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, **including eviction**, to prevent or stop violations by lessee and their guests.

The prospective buyer(s) understands that the Association or its manager may use the above application to perform a background, prior landlord, credit and police records check on the applicant(s) listed above. This information will be kept confidential and may be used to approve or disapprove the applicant(s).

The buyer(s) will be advised by Association Management whether this application is approved within a 21 day period from the date of receipt of this completed application, fee and reference letters and a copy of the Sales Contract.

I (we) have read, understand and agree to all of the statements above, and have read, understand, signed and have received a copy of the House Rules.

1st Buyer Applicant Signature: _____ **Date:** _____

Print Name: _____

2nd Buyer Applicant Signature: _____ **Date:** _____

Print Name: _____

Leasing Agent: _____

Cell Phone: _____ **Email:** _____

I have given Buyer(s) a copy of the House Rules: Yes No

I have enclosed a signed copy of the House Rules: Yes No

Approved: <input type="checkbox"/> Disapproved: <input type="checkbox"/>
Board Signature: _____
Title: _____
Date: _____

RESORT MANAGEMENT OFFICE USE ONLY

THIS PAGE MUST BE RETURNED WITH THE APPLICATION.

**SUNRISE CAY CONDOMINIUM ASSOCIATION, INC.
SALES APPLICATION CHECKLIST**

Owner Name: _____ Condo # _____

_____ Flag – 1st component Date _____ (notify manager)

_____ Completely filled out application rec'd Date _____

_____ Returned application form – incomplete Date _____

_____ Received further required information Date _____

_____ Application fee of \$100 received Date _____

_____ Copy of sales contract received Date _____

_____ Background check completed-sale
a. credit b. police Date _____

_____ Recorded deed copy received Date _____

_____ Auto registration sticker, fee Date _____ Number: _____

_____ Reviewed by Board of Directors Date _____
Approved _____ Disapproved _____

Director Signature _____ Date _____ (Leases)

Manager Signature _____ Date _____ (Rentals, Leases)

Applicant Notified _____ Date _____

Either a copy of:

_____ **Sale Application** to two Directors: Date _____

_____ **Sale Contract**

_____ **Signed copy of House Rules**

For Copies of Application Forms, Please Contact:

Resort Management, Real Estate Dept.

815 Bald Eagle Drive #201, Marco Island, FL 34145

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