

Tropical Court Apartment Association, Inc.

c/o Sunstate Association Management Group, Inc.
P O Box 18809, Sarasota, FL 34276
Phone 941- 870-4920 Fax 941-870-9652
lynn@sunstatemanagement.com

APPLICATION FOR SALE OF UNIT
Fee \$75.00, please make checks payable to Tropical Court Apartment Association, Inc.

PLEASE PRINT

Date: _____ Unit # _____ Approximate Closing Date: _____

Owner's Name: _____

Buyer's Name: _____ / _____

Present Address: _____

Phone: _____ Email: _____

Employed by: _____ How Long? _____

Business Address: _____ Phone: _____

Vehicle Make _____ Year: _____ Tag: _____ ST: _____

Buyer understands and agrees to observe all rules, regulations and restrictions contained in the Association "Rules and Regulations", and Documents as well as any other condominium rules and regulations established by the Board of Directors. The buyer(s) acknowledge having read the above-mentioned rules, regulations and restrictions by signing in the space provided below:

Signed: Buyer: _____ Date: _____

Signed: Buyer: _____ Date: _____

Agent (if any): _____ Phone: _____

AUTHORIZATION TO RELEASE EMPLOYMENT, BANKING, CREDIT, RESIDENCE AND POLICE RECORD INFORMATION

I/We understand that Tropical Court Apartment Association, Inc. may cause to institute an investigation of my/our background as the Board of Directors may deem necessary. Accordingly, I/We specifically authorize the Tropical Court Apartment Association, Inc., Board of Directors and its agents Sunstate Management Group to make such investigation and agree that the information contained in this and the attached Application for Occupancy Approval may be used in such investigation, and that the Board of Directors, Officers and Management of Tropical Court Apartment Association, Inc., itself and its agents shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

I/We hereby authorize Tropical Court Apartment Association, Inc., agent to request a consumer report from one of the consumer reporting agencies in considering this application. I/We also understand that any information will be held in strict confidence. Upon applicant(s) request we will inform applicant(s) of the name and address of each consumer reporting agency from which we obtained a consumer report, if any, relating to applicant(s).

Under penalty of perjury, the undersigned certifies that the foregoing information is true and correct.

Buyer's Signature: _____ Date: _____

Social Security Number: _____ Date of Birth _____

Buyer's Signature: _____ Date: _____

Social Security Number: _____ Date of Birth _____

Board of Directors: Approved _____ Denied _____

Signature: _____ Title: _____ Date: _____