

INSTRUCTIONS TO COMPLETE THE APPLICATION TO LEASE OR PURCHASE

1. If applicants aren't legally married, an application on each person must be completed.
2. Please print legibly or type information. Complete addresses & phone numbers are required.
3. Include a clear copy of all applicants' Driver's License.
4. If any questions are unanswered or left blank, this application will be returned unprocessed.
5. Missing information or lack of requested documents will cause delays in processing & approval of your application.
6. Only the applicant/owners are authorized to sign this form.

Send completed application to River Harbor West, c/o Sunstate Management Group, Inc., P.O. Box 18809, Sarasota, FL 34276 along with:

A check for the application fee in the amount of \$100.00 from Buyer/Lessee
Check made payable to "River Harbor West HOA"

****If applicants are not married or have different last names, an additional application fee is required to process two separate credit and background reports.**

Purchaser is responsible to obtain an assessment coupon book for payment of assessments to the association, by the seller or Management Company.

River Harbor West Owners Association, Inc.

c/o Sunstate Management Group, Inc,
P.O. Box 18809, Sarasota, FL 34276
Tel: 941.870.4920 / Fax: 941.870.9652

(Revised 4-2020)

APPLICATION FOR APPROVAL TO PURCHASE OR LEASE A UNIT

APPLICANT PORTION:

The undersigned applicant(s) state that they (check one):

- Propose to **PURCHASE** PROPERTY ADDRESS # _____ 89th St NW Bradenton, FL 34209
- Propose to **LEASE** PROPERTY ADDRESS # _____ 89th St NW Bradenton, FL 34209

To facilitate consideration of this application, Applicant represents that the following information is factual. Applicant is aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection. Applicant consents to the making of further inquiry concerning this application, particularly of the references provided.

Applicant specifically consents to a credit check and verification and hereby authorizes disclosure of information by Equifax or such other credit rating agency or service that may be chosen by the Association. Employment records, any criminal records, and rental history also may be checked by the Association and verified, and I hereby authorize disclosure of such information to the Association by a reporting agency.

Full name of Applicant: _____

Soc. Sec. No.: _____ Birth Date: _____

Occupation/Employer: _____ Phone: _____

Email address: _____

Full Name of Spouse: _____

Soc. Sec. No.: _____ Birth Date: _____

Occupation/Employer: _____ Phone: _____

Email address: _____

Full name and relationship to applicant of others who will occupy the unit with Applicant, including children:

NAME

RELATIONSHIP

Present address of Applicant:

Owners/Managers Name: _____

Street _____ City _____

State _____ Zip _____ How Long _____

Present phone: Home (____) _____ Office (____) _____

Email: _____

Previous address:

Owners/Managers Name _____

Street _____ City _____ St _____ Zip _____

Phone _____ Date you occupied premise _____ to _____

Vehicles to be kept in the Association:

Make _____ Type _____ Year _____ Tag No _____ State _____

Make _____ Type _____ Year _____ Tag No _____ State _____

Drv Lic. # _____ Drv Lic. # _____

Personal reference (local if possible):

Name _____

Address _____

City, State, Zip _____

Phone No: (Home) _____ (Office) _____

Person to be notified in case of emergency:

Name _____

Address _____

City, State, Zip _____

Phone No (including area code) (Home) _____

(Office) _____

Has the Applicant previously been a resident or owner at River Harbor West?

Yes ____ No ____ if yes, identify unit occupied and dates _____

Planned occupancy date:

If Lease: From (Date) _____ to _____

If Purchase: (Closing Date) _____

Real Estate Agent (I/A): _____ Phone: _____

Email: _____

***NOTE:**

INCLUDE A COPY OF EACH APPLICANTS DRIVERS LICENSE.

RIVER HARBOR WEST IS GOVERNED BY USE RESTRICTIONS, RULES AND REGULATIONS CONCERNING THE USE OF UNITS AND THE ASSOCIATION PROPERTY.

BY SIGNING THIS APPLICATION, I AGREE TO BE AWARE AND ABIDE BY ALL APPLICABLE USE RESTRICTIONS, RULES AND REGULATIONS GOVERNING THE USE OF UNITS AND THE ASSOCIATION PROPERTY.

BY SIGNING THIS APPLICATION, I CERTIFY THAT I HAVE RECEIVED A COPY OF THE "USE RESTRICTIONS" AND "RULES AND REGULATIONS" AND I FURTHER AGREE, TO TAKE FULL RESPONSIBILITY FOR ANY GUESTS THAT I HAVE, AND THAT THEY WILL ALSO ABIDE BY ALL RULES AND REGULATIONS.

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT ANY VIOLATION OF THE TERMS, PROVISIONS AND COVENANTS OF THE ASSOCIATION DOCUMENTS INCLUDING THE "RULES AND REGULATIONS" PROVIDES FOR IMMEDIATE ACTION AS PROVIDED IN THOSE DOCUMENTS.

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT OCCUPANCY OF THE UNIT BEFORE APPROVAL OF THIS APPLICATION WILL RESULT IN DISAPPROVAL OF THE APPLICATION.

THE ASSOCIATION'S APPROVAL GRANTED HEREIN IS LIMITED TO DETERMINING WHETHER THE PROSPECTIVE PURCHASER(S) IS/ARE ELIGIBLE FOR MEMBERSHIP. REPRESENTATIONS MADE BY AND BETWEEN ANY PARTY TO THIS TRANSACTION ARE IN NO MANNER BINDING ON THE ASSOCIATION UNLESS AGREED TO IN WRITING BY THE ASSOCIATION.

Dated: _____ **Applicant:** _____

Dated: _____ **Applicant:** _____

UNIT OWNER PORTION:

If this is an Application for a proposed Sale, or a proposed Lease, the current unit owner must complete this portion of the Application and comply with the following steps before the Association will consider the Application.

Send completed application to River Harbor West, c/o Sunstate Management Group, Inc., P.O. Box 18809, Sarasota, FL 34276 along with:

- 1) **Homeowner please make sure a check for the application fee in the amount of \$100.00 is turned in by the Buyer/Lessee. Check made payable to "River Harbor West HOA"**

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- 2) If the Application is for approval to lease a unit, attach a copy of the proposed lease signed by the proposed lessee (tenant).
- 3) If the Application is to retain a unit acquired by gift, devise, or inheritance, attach a certified copy of the deed or other instrument by which title was received.

No approval of this Application shall be valid or binding unless: all owners of the unit or their authorized agent sign Application; All assessments, late fees, etc., are paid in full through the date of sale or lease.

Property Owner Signature: _____ **Date:** _____

Contact phone #: _____ **Email:** _____

Property Owner Signature: _____ **Date:** _____

Contact phone # _____ **Email:** _____

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FOR OFFICE USE ONLY

RECEIPT:

Received by: _____ Date: _____

Interviewed by: _____ Date: _____

BOARD ACTION: APPROVED: _____ DISAPPROVED: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

**AUTHORIZATION TO PERFORM BACKGROUND INVESTIGATION
AND CRIMINAL REPORT**

In compliance with applicable state law, this notice is to inform you that this company may obtain a BACKGROUND PROFILE AND CRIMINAL report.

Reports include but are not limited to criminal background checks, Department of Motor Vehicle records, and associated profile information. An investigative report contains information of your character; general reputation, personal characteristics, or mode of living which has been obtained through public records and personal interviews with neighbors, friends, or associates or from others with whom you are or have been acquainted or who may have knowledge concerning and such information.

By signing below I _____, authorize this company on behalf of
PRINT GIVEN NAME
_____ Association to obtain a Criminal
PRINT ASSOCIATION NAME
report or an investigative profile report in connection with my employment, or tenancy as set forth herein.

X _____
SIGNATURE DATE

Full Legal Name: _____

Social Security #: _____ - _____ - _____ Date of Birth _M_ / _D_ / _Y_

Current Address: _____

Driver's License: _____ State: _____
Or Passport

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Full Legal Name: _____

Social Security #: _____ - _____ - _____ Date of Birth _M_ / _D_ / _Y_

Current Address: _____

Driver's License: _____ State: _____
Or Passport