

CYPRESS STRAND CONDOMINIUM ASSOCIATION, INC.
APPLICATION (CHECK ONE) RENTAL PURCHASE

Each application must be completed in its entirety. An incomplete application will not be considered. A copy of a lease agreement must be attached to the application. A \$100 NON-REFUNDABLE fee, payable to the Cypress Strand Condominium Association, Inc., must accompany each application.

NOTE: Per the Cypress Strand governing documents, new purchasers of condos are not allowed to rent them for twelve months following the acquisition, unless there is a Board-approved existing lease on the unit at the time of transfer.

Address / Unit# _____ Term of Lease / Closing Date _____
NAME Buyer / Lessee _____ NAME Co-Buyer / Co-Lessee _____
Social Security # _____ DOB _____ Social Security # _____ DOB _____
Phone: _____ Phone: _____
Email: _____ Email: _____
Driver License _____ Driver License _____
Previous Address _____ City _____ State _____ Zip _____
Landlord Name & Tele _____ Bank (local) _____
Employer & Phone: _____ Employer & Phone: _____
References: Name, Address & Tele. (Preferably local and other than family or real estate agent) _____
Real Estate Agent _____ Phone: _____ Email: _____
Pets: Type _____ Number _____ Weight _____ (25 pounds or less)
Vehicle Make _____ Model _____ Year _____ License # _____ State _____
Vehicle Make _____ Model _____ Year _____ License # _____ State _____
Emergency Contact: _____ Tele: _____

Please provide name and relationship of all persons under the age of 18 who will occupy the unit below:

ANY PERSON OVER THE AGE OF 18 WHO WILL LIVE IN THIS UNIT MUST COMPLETE PAGE 2 OF THE APPLICATION

I have received and read a copy of all Association Documents, Rules & Regulations. I understand my responsibilities as a renter/occupant. I agree to abide by the provisions of said documents.

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORD, RENTAL OR LEASE HISTORY AND EMPLOYMENT. I agree to hold harmless Sentry Management, Inc., and all providers of information on the prospective owner/tenant stated above. In the event that the information provided by me (us) is found to be misleading or false, my acceptance for this lease/purchase whether determination is made before or after my date of occupancy, may be affected.

I do hereby authorize with my (our) signature(s) the release of my (our) credit report(s), public records, rental or lease information and employment verification, whether by fax, verbal, photo copy or original signature to Sentry Management, Inc., and all its members now and in the future for the exclusive use of Cypress Strand Condominium Association, Inc.

Signature _____ Date _____ Signature _____ Date _____

Owner Name _____ Co-Owner _____

Address _____ Telephone _____

Action by Association: Approved _____ Disapproved _____ Conditions: _____

Signature _____ Title _____ Date _____

Return to: SENTRY MANAGEMENT, 5969 CATTLERIDGE BLVD., SUITE 203, SARASOTA, FL 34232 PH: 941-361-1222 FAX: 941-361-1113

Make check for fee payable to: CYPRESS STRAND CONDOMINIUM ASSOCIATION, INC.

Rev. 1.2016

Cypress Strand Application for Sale or Lease

TO BE COMPLETED BY ANY PERSON OVER THE AGE OF 18 WHO WILL BE LIVING IN THE UNIT WITH THE PERSONS LISTED ON PAGE 1

NAME (PRINT) _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

DRIVER LICENSE NUMBER _____

VEHICLE MAKE and MODEL _____

I acknowledge that I have read the Rules and Regulations of Cypress Strand and agree to abide by them. I authorize the Board of Directors or its agent to investigate my background which may include credit.

SIGNATURE _____ DATE _____

.....
NAME (PRINT) _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

DRIVER LICENSE NUMBER _____

VEHICLE MAKE AND MODEL _____

I acknowledge that I have read the Rules and Regulations of Cypress Strand and agree to abide by them. I authorize the Board of Directors or its agent to investigate my background which may include credit.

SIGNATURE _____ DATE _____