

**CYPRESS STRAND CONDOMINIUM ASSOCIATION, INC. PURCHASE APPLICATION**

Each application must be completed in its entirety. An incomplete application will NOT be considered.

**\$100 NON-REFUNDABLE fee, payable to Cypress Strand Condominium Association, Inc. must accompany each application.**

**Return to: SENTRY MANAGEMENT INC., 5969 CATTLERIDGE BLVD., SUITE 203, SARASOTA, FL 34232**

**TELEPHONE: 941-361-1222 FAX: 941-361-1113**

**PLEASE NOTE:** According to the Cypress Strand Condominium Association's governing documents, new purchasers of condominiums are not permitted 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. An existing lease is defined as one that has been approved by the Board. At the end of the existing lease term (unless it is a renewal of the existing lease) the unit's new owner may not lease that unit for at least twelve (12) months.

Address/Unit \_\_\_\_\_ Closing Date \_\_\_\_\_  
Name of Buyer \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_  
Telephone # \_\_\_\_\_ Email \_\_\_\_\_  
Name of Co-Buyer \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB \_\_\_\_\_  
Co-Buyer's Telephone # \_\_\_\_\_ Email \_\_\_\_\_  
Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Real Estate Agent \_\_\_\_\_ Telephone # \_\_\_\_\_

**VEHICLES**

Buyer's Driver License # \_\_\_\_\_ State \_\_\_\_\_  
Co-Buyer's Driver License # \_\_\_\_\_ State \_\_\_\_\_  
Vehicle 1: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_  
Vehicle 2: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

**PETS:** **Pet Form must accompany this application.** (25 Pounds or Less) Type \_\_\_\_\_ Number \_\_\_\_\_ Weight \_\_\_\_\_

**Employer** \_\_\_\_\_ Telephone # \_\_\_\_\_

**Reference** \_\_\_\_\_ Telephone # \_\_\_\_\_

Name, Address, Telephone (preferably local and other than family or real estate agent)

**Emergency Contact** \_\_\_\_\_ Telephone # \_\_\_\_\_

**PLEASE PROVIDE THE NAME AND RELATIONSHIP OF ALL PERSONS UNDER THE AGE OF 18 WHO WILL OCCUPY THE UNIT.**

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

**ASSOCIATION DOCUMENTS:** The seller has provided a copy of and I have read all Association Documents. I understand my responsibilities as a resident. I agree to abide by the provisions of said documents.

(These documents are also available on the Association's website at [cypressstrand.com](http://cypressstrand.com))

**AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORD, RENTAL OR LEASE HISTORY AND**

**EMPLOYMENT:** I (we) agree to hold harmless Sentry Management, Inc., and all providers of information for the prospective purchaser(s) stated above. In the event that information provided by me (us) is found to be misleading or false, my acceptance for this purchase whether determination is made before or after my date of occupancy, may be affected. I (we) 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, photocopy 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.

**Buyer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Buyer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Action by Association:** Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Conditions \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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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 the Cypress Strand Condominium Association 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 the Cypress Strand Condominium Association 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 \_\_\_\_\_

**Return with Page 1 of this application to:**

**Sentry Management Inc.,  
5969 Cattleridge Blvd.,  
Suite 203,  
Sarasota,  
FL 34232.  
Telephone (941) 361 1222**