



Artisti at Venetian Golf and River Club

c/o Sunstate Association Management, Inc.
P.O. Box 18809, Sarasota, FL 34276
Office (941) 870-4920 Fax (941) 870-9652
Email: estoppels@sunstatemanagement.com

Leasing and Sales Application

Return this application to Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276. Must include a copy of Driver's License for all residents over 18 years of age and an Application fee of \$100.00 made payable to Sunstate Association Management Group, Inc.

Unit Address: _____
Street Address *Anticipated Closing / Lease Date(s)*
Full-Time Residence? YES NO Realtor / Lease Manager Name and Phone: _____

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Phone: _____ Email: _____

Driver License #: _____ SS # / Passport: _____ Employer: _____

Full Name: _____ Date of Birth: _____
Last First M.I.

Phone: _____ Email: _____

Driver License #: _____ SS # / Passport: _____ Employer: _____

Present Address: _____
Street Address City, State, Zip

Previous Address: _____
Street Address City, State, Zip

Other Occupants: _____
Name all other occupants of home

Pet(s): _____
Breed Weight

Vehicle 1: _____
Make Model State License Plate #

Vehicle 2: _____
Make Model State License Plate #



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References

Please list references.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Bank: _____

Address: _____ Phone: _____

Previous Landlord /

Mortgager: _____

Address: _____ Phone: _____

Authorization of Release of Information

Applicant(s) represent that all of the information and statements for purchase or lease are true and complete, and hereby authorize an investigative consumer report including, but not limited to, residential history, employment history, criminal records and credit reports. I am aware that any falsification or misrepresentation of the facts in this application will result in immediate rejection of this application.

Signature: _____ Date: _____

Signature: _____ Date: _____

Disclaimer and Signature

The undersigned has received a copy of the Association Documents: By-Laws and the Rules and Regulations of Cipriani Homeowners Association, Inc., and agree to abide by them.

Signature: _____ Date: _____

Signature: _____ Date: _____

Action By Board of Directors

Application Approved YES NO

Board

Signature: _____ Date: _____