

ASHTON PALMS HOMEOWNERS ASSOCIATION, INC.
APPLICATION FOR PURCHASE

Return this application to Sunstate Association Management Group, Inc., PO Box 18809 Sarasota, FL. 34276 or email to allapplications@sunstatemanagement.com. Must include a copy of Driver's License for all residents over 18 years of age and a Non-Refundable Application fee of \$150.00 made payable to Sunstate Association Management Group, Inc.

HOMEOWNER INFORMATION

UNIT ADDRESS: _____ PRESENT OWNER: _____
REALTOR/AGENT: _____ TELEPHONE #: _____
PURCHASE PRICE: \$ _____ CLOSING DATE: _____

APPLICANT INFORMATION

Name: _____ Spouse/Co-occupant: _____
Permanent Address (After Acquisition): _____
Names and Relationship of all person who will occupy the unit:

Current Address: _____ Telephone #: _____
Contact Phone numbers: Work #: _____ Mobile #: _____
Telephone number after acquisition if known: _____
Email Address(s): _____

Will this unit be leased by Proposed Owner? ___ Yes ___ No
Pet(s): Yes ___ No ___ if Yes, What Types(s): _____ Weight: _____
Vehicles: Make: _____ Year: _____ Model: _____ Tag: _____
 Make: _____ Year: _____ Model: _____ Tag: _____

I/we have received and read the **Ashton Palms'** HOA Declaration and exhibits, By-Laws and Rules and Regulations and understand that its covenants impose responsibilities and restrictions on each unit owner/occupant at Ashton Palms Homeowners Association and I/we agree to abide by them. I/we will pay promptly any sums due to the Association, including compensation for any damage to the common elements or Association property.

Signature of Applicant: _____, Date _____

Signature of Applicant: _____, Date _____

Print Name of Applicant: _____ Print Name of Owner: _____
Date: _____ Date: _____

ASSOCIATION APPROVAL: APPROVED: _____ DISAPPROVED: _____
Signature: _____ Title: _____ Date: _____

Return to allapplications@sunstatemanagement.com, Sunstate Management Group, P.O.Box 18809, Sarasota, FL 34276 or fax to: 941-870-9652. Any questions call (941)-870-4920.