

Perico Bay Village Association, Inc.

SALE APPLICATION PLEASE ALLOW 2-3 WEEKS FOR PROCESSING

VILLAGES HOMEOWNER INFORMATION (SELLER)

PRESENT OWNER _____

UNIT ADDRESS _____ Estuary Drive, Bradenton, FL 34209

E MAIL _____ BEST PHONE # _____

REALTOR _____

REALTOR EMAIL _____ BEST PHONE # _____

CLOSING DATE _____ APPLICATION FEE ENCLOSED & AMOUNT _____

APPLICANT/S INFORMATION (BUYER/S)

#1 NAME _____

D/O/B _____

E MAIL _____ BEST PHONE # _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

WORK ADDRESS: _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____

LANDLORD NAME (if renting) _____

LANDLORD E MAIL _____ LANDLORD PHONE _____

APPLICATION FEE ENCLOSED & AMOUNT _____

VEHICLE #1 MAKE _____ YEAR _____ MODEL _____ TAG _____

VEHICLE #2 MAKE _____ YEAR _____ MODEL _____ TAG _____

Perico Bay Village Association, Inc.

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APPLICANT/S INFORMATION (BUYER/S)

#2 NAME _____

D/O/B _____

E MAIL _____ BEST PHONE # _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

WORK ADDRESS: _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____

LANDLORD NAME (if renting) _____

LANDLORD E MAIL _____ LANDLORD PHONE _____

NAMES AND RELATIONSHIPS OF ALL PERSONS WHO WILL OCCUPY UNIT

A non-refundable **\$125.00 screening fee for US citizens (\$165.00 for non-US citizens)** is due with this application. That fee covers a single buyer or a couple. Additional residents over the age of 18 must pay a non-refundable **\$50.00 screening fee for US citizens (\$65.00 for non-US citizens).**

Check made out to SUNSTATE ASSOCIATION MANAGEMENT GROUP.

#1 NAME _____ RELATIONSHIP _____ AGE _____

#2 NAME _____ RELATIONSHIP _____ AGE _____

#3 NAME _____ RELATIONSHIP _____ AGE _____

PET INFORMATION

The Villages only allows 2 pets per unit with a combined weight of 40lbs or less. Vaccinations must be current. Dogs must be on leash when in the community and waste must be cleaned up and disposed of.

#1 PET TYPE _____ AGE _____ WEIGHT _____ LBS.

POTENTIAL WEIGHT AT MATURITY _____ LBS. CURRENT RABIES SHOT _____

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POTENTIAL WEIGHT AT MATURITY _____ LBS. CURRENT RABIES SHOT _____

Perico Bay Village Association, Inc.

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PLEASE READ AND INITIAL EACH ITEM. PLEASE PRINT, SIGN AND DATE IN THE BOTTOM FIELDS.

IF THIS APPLICATION IS INCOMPLETE IT WILL BE REJECTED AND RETURNED TO THE APPROPRIATE PERSON OR AGENT.

_____ *I AUTHORIZE THE BOARD OF DIRECTORS OR IT'S AUTHORIZED AGENTS TO INVESTIGATE MY (OUR) BACKGROUND, WHICH MAY INCLUDE A CREDIT CHECK

_____ *I HAVE RECEIVED AND READ THE PBC VILLAGES DOCUMENTS AND RLUES AND REGULATIONS AND AGREE TO ABIDE BY THEM

_____ *PLEASE PROVIDE PROOF OF TITLE UPON CLOSING

_____ * A NON-REFUNDABLE **\$125.00 SCREENING FEE FOR US CITIZENS (\$165.00 FOR NON-US CITIZENS)** AND COMPLETED BACKGROUND CHECK APPLICATION FORM MUST ACCOMPANY THIS SALE APPLICATION. THE FEE COVERS A SINGLE BUYER OR A COUPLE. ADDITIONAL RESIDENTS OVER THE AGE OF 18 MUST PAY A NON-REFUNDABLE **\$50.00 SCREENING FEE FOR US CITIZENS (\$65.00 FOR NON-US CITIZENS)**.

CHECK MADE OUT TO SUNSTATE ASSOCIATION MANAGEMENT GROUP.

#1 APPLICANT	#2 CO-APPLICANT
PRINT NAME:	PRINT NAME:
SIGN NAME:	SIGN NAME:
DATE:	DATE:

RETURN TO: **SUNSTATE ASSOCIATION MANAGEMENT GROUP**
5602 MARQUESAS CIRCLE, SUITE 103
SARASOTA, FL 34233

Perico Bay Village Association, Inc.

GATE ENTRY APPLICATION Purchase _____ Lease _____

UNIT ADDRESS _____ Estuary Drive, Bradenton, FL 34209

OWNER _____

E MAIL _____ BEST PHONE # _____

LEASED TO _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

E MAIL _____ BEST PHONE # _____

LEASE DATES FROM _____ TO _____

VEHICLE #1 MAKE _____ YEAR _____ MODEL _____ TAG _____

VEHICLE #2 MAKE _____ YEAR _____ MODEL _____ TAG _____

RETURN TO: **SUNSTATE ASSOCIATION MANAGEMENT GROUP**
5602 MARQUESAS CIRCLE, SUITE 103
SARASOTA, FL 34233

GATE ENTRY DECAL AVAILABLE AT RESIDENT SERVICES TUESDAYS 12-2:00pm AT THE CLUBHOUSE.

INTERNAL USE ONLY:

APPROVAL DATE _____

Perico Bay Village Association, Inc.

PET REGISTRATION

PET #1	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	PET #2	<input type="checkbox"/> Dog <input type="checkbox"/> Cat
NAME		NAME	
BREED		BREED	
SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female
NEUTERED	<input type="checkbox"/> Yes <input type="checkbox"/> No	NEUTERED	<input type="checkbox"/> Yes <input type="checkbox"/> No
AGE		AGE	
FULLY GROWN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	FULLY GROWN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NOT FULLY GROWN, WILL PET EXCEED 40lbs AT MATURITY?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF NOT FULLY GROWN, WILL PET EXCEED 40lbs AT MATURITY?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF YOU OWN 2 PETS, DOES THE COMBINED WEIGHT OF BOTH ANIMALS EXCEED 40lbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
AT MATURITY, DO YOU EXPECT THE COMBINED WEIGHT OF BOTH PETS TO EXCEED 40lbs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This form is not complete without:

- an attached Veterinary Intake Form signed by your pet's Vet and certifying the weight of your dog(s).
- an attached shot record signed by your pet's Vet

I _____ am an OWNER | RENTER | GUEST of Unit # _____ Estuary Dr.
print name circle one

Perico Bay Club Villages, confirm that all information stated above is accurate and current.

PRINT NAME	
SIGN NAME	
CONTACT PHONE NUMBER	
CONTACT EMAIL ADDRESS	
DATE	

FROM THE VILLAGES' RULES AND REGULATIONS:

III. PETS

1. A unit owner is permitted to have up to two pets (either two dogs, two cats or one dog and one cat as house pets). Provided that they are registered with the association and that the combined weight does not exceed forty (40) pounds. When outside, the animal must be leashed and under control at all times. All pet feces and other debris are to be removed immediately from streets and common areas. (Art. 21.11)
2. Pets that are vicious, noisy, or otherwise unpleasant will not be permitted in the condominium common areas (12.11).

As per our insurance agent, the following dog breeds are not accepted for animal liability:

Chow	Presa Canarios	Rottweiler	Beauceron
Akita	American Bulldog	Wolf	Great Dane
Pit Bull	German Shepard	Doberman	Keeshond

RETURN TO:

SUNSTATE ASSOCIATION MANAGEMENT GROUP
 5602 MARQUESAS CIRCLE, SUITE 103
 SARASOTA, FL 34233

PER APPLICANT



**TENANT SCREENING RELEASE FORM
NOTICE TO TENANT REGARDING BACKGROUND INVESTIGATION**

Notice is hereby given that “ _____ ” (“Requestor”) intends to instruct ALLSTAR BACKGROUNDS, a Consumer Reporting Agency, as defined by the Fair Credit Reporting Act (“FCRA”), to obtain information about you in the course of Requestor’s consideration of your application for PURCHASE or TENANCY. Thus you may be the subject of a “consumer report,” or possibly an investigative consumer report,” defined by the FCRA as a background report that includes information about one’s character, general reputation, personal characteristics and mode of living, and that might involve personal interviews with sources such as neighbors, friends or associates. Reports may include your Credit Report and reports may be obtained at any time after receipt of authorization and may be updated periodically if you remain an owner, as permitted by law. The scope of this notice and authorization is all-encompassing, allowing Requestor and its agent to obtain from any outside organization all types of consumer reports and investigative consumer reports now and throughout the course of your ownership, to the extent permitted by law.

APPLICANT’S ACKNOWLEDGMENT AND AUTHORIZATION

By signing below, I acknowledge receipt of a “NOTICE REGARDING BACKGROUND INVESTIGATION” and “A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT” and certify that I have read and understand both documents. Furthermore, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports at any time, as long as I remain an employee, volunteer or tenant of Requestor, to the extent permitted by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university, information service bureau, employer, drug screening firm, reference, landlord, and/or its record custodian, to furnish any and all background information sought by Requestor or by ALLSTAR BACKGROUNDS, acting on Requestor’s behalf. I agree that a photocopy or fax of this Authorization shall be as valid as the original.

I understand that I may contact ALLSTAR BACKGROUNDS to request a copy of any Consumer Report about me, if one is obtained by Requestor. I understand that I have the right, upon written request made within a reasonable time, to inquire about the nature and substance of the information about me contained in ALLSTAR BACKGROUNDS’s files. I understand that I have the right to inspect those files during regular business hours, having given reasonable notice and provided proper identification, and that I may be accompanied by one other person. I understand that I should direct such a request to ALLSTAR BACKGROUNDS, and that ALLSTAR BACKGROUNDS is required to make available to me someone who can explain the contents of my file.

PER APPLICANT

By checking this box, _____ I indicate that I would like to receive a copy of any Investigative Consumer Report about me by email, if one is obtained by Requestor.

Your Email Address: _____

Signature: _____ Date: _____

PLEASE PRINT (below)

First Middle Last
(Proper name as it appears on your Driver's License or State/Gov issued ID)

Date of Birth (MM/DD/YYYY) (For identification purposes only)

Maiden Name/ AKAs Social Security Number
If you are from Canada please provide Canadian SIN
(Social Insurance Number)
Canadian 9 digit SIN _____

PLEASE PROVIDE 7 YEAR'S ADDRESS HISTORY

Current Address City/State Zip Years/Months

Name of Current Landlord Phone/ Fax

Previous Address City/ State Zip Years/Months

Previous Address City/ State Zip Years/Months

PLEASE PROVIDE CURRENT EMPLOYER INFORMATION

Current Employer Address City/ State Zip

Start Date _____

APPLICANT: Please return this completed, signed "**RELEASE**" page to:

(FOR OFFICE USE ONLY)

Requestor: Please sign on to your AllStar Backgrounds account to place your order
If you need assistance, please contact us at 800-570-0546 or by email at
info@allstarbackgrounds.com

RETURN TO: SUNSTATE ASSOCIATION MANAGEMENT GROUP
5602 MARQUESAS CIRCLE, SUITE 103
SARASOTA, FL 34233