## Heron Landing Homeowners Association, Inc.

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

Email: allapplications@sunstatemanagement.com

## **Sale Application**

Return this application via email to: allapplications@sunstatemanagement.com
Must include a copy of Driver's License for all residents over 18 years of age.

	Sale Mortgage Type Closing Date					
Present Owner:  Title Co:  Unit Address:						
Full-Time R	YES esidence?	NO Realtor / Lease Ma Name and Phone:	anager 			
		Applican	t Information			
Full Name:				Date	e of Birth:	
	Last	First		M.I.		
Phone:			Email			
Driver Licer	nse #:	Social Security:		Emp	oyer:	
Full Name:				Date	e of Birth:	
	Last	First		M.I.		
Phone:			Email			
Driver License #:		Social Security:		Employer:		
Present Ad	dress:					
	Street Addr	ress City, State, Zip				
Previous Ac	·					
		dress City, State, Zip				
Other Occu	pants:					
Name and Pet(s):	Date of Birth of	f all other occupants under 1	18 years of age.	(If over 18 use a	dditional application.)	
	Breed	Weight				
Vehicle 1:						
	Make	Model		State	License Plate #	
Vehicle 2:						
	Make	Model		State	License Plate #	

List any additional vehicles on a separate sheet.

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	References
Please list references.	
Full Name:	Relationship:
Address:	Phone:
Full Name:	Relationship:
Address:	Phone:
Previous Landlord / Mortgager:	
Address:	Phone:
Author	ization of Release of Information
application will result in immediate rejection of Signature:	Date
Cinnatura	Date:
	Disclaimer and Signature
The undersigned has received a copy of the As Landing Homeowners Association, Inc. and agr	sociation Documents: By-Laws and the Rules and Regulations of Heron ree to abide by them.
Signature:	Date:
Signature:	Date:
А	ction By Board of Directors
YES NO Application Approved	view Background