

KEYWAY PLACE HOMEOWNERS ASSOCIATION
APPLICATION FOR PURCHASE

Please complete this form in its entirety and submit via
email to: **allapplications@sunstatemanagement.com**
Mail via USPS application, copy of drivers license(s) and a
non-refundable application fee check for \$150.00 to:
Sunstate Management PO BOX 18809
Sarasota, FL. 34276

HOMEOWNER INFORMATION

UNIT ADDRESS: _____ PRESENT OWNER: _____

APPLICANT INFORMATION

REALTOR NAME AND COMPANY: _____ PHONE #: _____

Applicant Name: _____ Spouse/Coapplicant: _____

Social Security #: _____ SS#: _____

Date of Birth: _____ DOB: _____

Drivers License #: _____ DL#: _____

Permanent Address(After acquisition): _____

Names and Relationship of all person who will occupy the unit: _____

Current Address: _____ Phone #: _____

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 Keyway Place 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 Keyway Place 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: _____

Signature of Applicant: _____

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

Date: _____ Date: _____

Signature: _____ Title: _____ Date: _____

ASSOCIATION APPROVAL: APPROVED: _____ DISAPPROVED: _____

Questions please call: 941.870.4920 ext. 21210