

# COURTYARD HOMES 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

## 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 a Non-Refundable Application fee of \$150.00 made payable to Sunstate Association Management Group, Inc.

Lease \_\_\_ Dates \_\_\_ to \_\_\_ Sale \_\_\_ Mortgage Type \_\_\_\_\_ Closing Date \_\_\_\_\_

**SALES - Flood Insurance is required, this form must be submitted to the insurance agent within 30 days of closing. The owner should transfer flood policy from seller to buyer.**

Present Owner: \_\_\_\_\_

Title Co: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Full-Time Residence?  YES  NO Realtor / Lease Manager Name, Email & Phone: \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Driver License #: \_\_\_\_\_ Social Security: \_\_\_\_\_ Employer: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Driver License #: \_\_\_\_\_ Social Security: \_\_\_\_\_ Employer: \_\_\_\_\_

Present Address: \_\_\_\_\_  
*Street Address City, State, Zip*

Previous Address: \_\_\_\_\_  
*Street Address City, State, Zip*

Other Occupants: \_\_\_\_\_

**Name and Date of Birth of all other occupants under 18 years of age. (If over 18 use additional application.)**

Pet(s): \_\_\_\_\_  
*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: \_\_\_\_\_

## Authorization of Release of Information

Applicant(s) represent that all 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 COURTYARD HOMES ASSOCIATION, INC. and agree to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Action By Board of Directors

Application Approved YES  NO  Interview \_\_\_\_\_ Background \_\_\_\_\_

Board

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SALES: To ensure a seamless National Flood Insurance Program (NFIP) policy transfer (policy assumption) during a property sale, the transfer documents must be submitted to the insurance agent within 30 days of closing. This process allows the buyer to assume the seller's existing policy, often retaining favorable rates (such as those before 2021 changes or "grandfathered" rates).**

\*Buyer Responsibility\*  
SALES: To ensure a seamless National Flood Insurance Program (NFIP) policy transfer (policy assumption) during a property sale, the transfer documents must be submitted to the insurance agent within 30 days of closing. This process allows the buyer to assume the seller's existing policy, often retaining favorable rates (such as those before 2021 changes or "grandfathered" rates). If the NFIP form is not completed, the sales application will not be approved.

## Flood Policy Assignment

**IMPORTANT: This form must be signed & dated on or before the loan closing date and received within 30 days of closing.**

Policy Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

### Current Insured

I/We \_\_\_\_\_, do hereby authorize the above policy be assigned to the prospective buyer/s  
**Name/s of Current Insured (please print)**

shown below:

Name/s: \_\_\_\_\_ (print name)

\_\_\_\_\_ (print name)

The effective date of the transfer of ownership shall commence on \_\_\_\_\_.  
MM/DD/YY

\_\_\_\_\_  
Signature of Current Insured                      Date

\_\_\_\_\_  
Signature of Current Insured                      Date

### Buyer

I/We \_\_\_\_\_ do hereby acknowledge that we are assuming the above flood insurance policy. We  
**Name/s of Buyer/s (please print)**

also acknowledge that the NFIP prohibits duplicate policies and in the event of duplication, it is agreed that the above policy will not be cancelled.

\_\_\_\_\_  
Signature of Buyer                                      Date

\_\_\_\_\_  
Signature of Buyer                                      Date

**IMPORTANT! If this will be the primary residence for the buyer, verification documentation is required (see list of acceptable documents on next page). This could change the premium and additional premium could be required.**

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### **If Property Closing Does Not Occur After Assignment**

In the event the property closing does not occur, both parties acknowledge that the policy will revert back to the original owner/s.

\_\_\_\_\_  
Signature of Current Insured                      Date

\_\_\_\_\_  
Signature of Current Insured                      Date

\_\_\_\_\_  
Signature of Buyer                                      Date

\_\_\_\_\_  
Signature of Buyer                                      Date

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Signature of Agent

# Flood Policy Assignment

Change in Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change in Mortgagee: Loan Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is policy going to be escrowed: Yes  No

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\* Documents accepted by the NFIP for proof of primary residence:

- Automobile Registration
- Proof of Automobile Insurance (auto insurance ID card or auto policy declarations page)
- Documentation of children's school attendance
- Homestead Tax Credit form for Primary Residence,
- **~OR~ complete the following statement.**

## VERIFICATION OF PRIMARY RESIDENCE STATUS FOR NFIP POLICY RATING

Insured Property Address: \_\_\_\_\_  
\_\_\_\_\_

The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date.

\_\_\_\_\_  
Insured Name (Printed)

\_\_\_\_\_  
Insured Signature Date

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.