

RESIDENTIAL APPLICATIONS
Sunset Paradise Condominium Association, Inc
c/o MC Homes Realty, Inc
1155 Pasadena Ave S Suite H, South Pasadena, FL 33707
Phone: 727-432-2181 | Email: office@mchomesrealty.com

All Fees are Non-Refundable

An application is incomplete if it does not fulfill all the requirements and must include all fees.

1. Application Processing Fee: \$100.00 for lease or sale;
Pay online at: https://sunsetparadise.hoamch.com/application_step-1.asp

☐ **SALE** ☐ **NEW LEASE** ☐ **LEASE RENEWAL**

This Agreement is entered into as of the ____ day of _____, 20____, between **Sunset Paradise Condominium Association, Inc** and _____ ("Owner/Tenant").

IF SALE: Closing Date: _____ **IF LEASE:** Lease Term START ____/____/____ END ____/____/____

Property Address to be Purchased/Leased **1802 Gulf Blvd, Indian Rocks Beach, FL 33785**

Unit Number: _____ Current Unit Owner Name: _____

**Providing your email address authorizes the Board of Directors and MC Homes to provide notice of relative Association business and to deliver information to you by electronic transmission.*

CURRENT ADDRESS: _____

APPLICANT NO. 1

NAME: _____
First Name Middle Name Last Name

PHONE: _____ - _____ - _____ EMAIL: _____

APPLICANT NO. 2

NAME: _____
First Name Middle Name Last Name

PHONE: _____ - _____ - _____ EMAIL: _____

Owner Occupied: ____ Yes (Check One: ____ Part-time ____ Full-time) ____ No

If No, Mailing Address: _____

Anyone over 18, please fill out the last page of the application with your information as well.

ADDITIONAL OCCUPANTS

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Email: _____

PETS

(2 Pets Max. Renters are not allowed pets, Owners only)

NAME: _____ TYPE: _____ BREED: _____
AGE: _____ WEIGHT: _____ HEIGHT: _____ COLOR: _____

NAME: _____ TYPE: _____ BREED: _____
AGE: _____ WEIGHT: _____ HEIGHT: _____ COLOR: _____

AUTOMOBILE

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____
LICENSE TAG NUMBER: _____ STATE of TAG issue: _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____
LICENSE TAG NUMBER: _____ STATE of TAG issue: _____

NOTE ABOUT INCOMPLETE APPLICATIONS:

An application is incomplete if it does not include all required forms, fees, and documents.

Incomplete applications submitted will not be processed. If the applicant fails to adhere to submit the full application package after being informed there is missing documents, the application will be considered automatically cancelled.

PROCESSING FEES:

1. Application Processing Fee of \$100.00 (for lease or sale).
https://sunsetparadise.hoamch.com/application_step-1.asp

REQUIRED DOCUMENTS

- A. For all applicants, a copy of your I.D.
- B. A sale contract or a lease agreement.
- C. As applicable: Current vaccination certificates and pictures of your pet. If you have a service dog, we will also need the proper documentation submitted.

If renewal of existing lease, an executed copy of the lease renewal must be submitted to the Association at least thirty (30) days before the commencement of the new lease term.
A background check, performed by the Association, is required for all applicants.
Current vaccination certificates required at interview for all pets, as applicable.

THE APPLICANT HEREBY CONFIRMS COMPLETENESS AND ACCURACY OF THIS INFORMATION AND AFFIRMS THAT HE OR SHE HAS RECEIVED AND READ THE RULES AND REGULATIONS, AND AGREES TO ABIDE BY THE GOVERNING DOCUMENTS. IF THE APPLICANT IS A PURCHASER, HE OR SHE ALSO CONFIRMS THAT THEY HAVE RECEIVED AND READ THE CONDOMINIUM GOVERNING DOCUMENTS AND AGREES TO ABIDE BY SAME.

Date

Print Name

Signature of Purchaser I Lessee

Print Name

Signature of Spouse I Roommate

Sunset Paradise Condominium Association, Inc

c/o MC Homes Realty, Inc

1155 Pasadena Ave S Suite H, South Pasadena, FL 33707

Phone 727-432-2181 | Fax 727-490-2938

I/ we, _____, prospective buyers/tenants property located at **1802 Gulf Blvd, Indian Rocks Beach, FL 33785**, Unit # _____ authorize "Association", to take the necessary steps to verify the information submitted by the above named applicant(s). The Applicant(s) represent to the Association that all the personal information provided for herein is true, accurate and complete to the best of the Applicant(s) knowledge. Applicant(s) further understand and agree that if any such information is not as represented, then Applicant(s) may, at the Association's sole discretion, be disqualified as an owner or tenant. Applicant(s) authorize the Association, agents or representatives to make any and all inquiries necessary to confirm given information, including but not limited to contacting present and past employers, landlords, credit bureaus, personal references, and any and all sources of information which the Association may deem necessary and appropriate. The undersigned acknowledges receipt of a copy of the RULES AND REGULATIONS for the Association and agrees to comply with the principles governing the management of the "Association".

INITIAL BELOW

____ I have read the Associations Rules and Regulations.

____ I fully understand that the unit can only be used for *residential* purposes.

____ I understand that the unit may only be occupied by *only* those listed on the application.

____ I understand the maintenance and repair responsibility that is listed in the Governing Documents.

____ I have read and understand the Pet restrictions listed in the Rules and Regulations

Rental Unit:

____ I understand that if I have a complaint, or issue concerning maintenance or otherwise regarding my unit, I have to contact my landlord. Not the Association Management.

____ I understand that if a lease renewal is not submitted before the end of lease term, my information will be taken off the associations roster and I will no longer have access to the property (gate entry or security door entry) or notified of critical information.

Signature of Purchaser | Lessee

Date

Signature of Spouse | Roommate

Date

Applicant Approved: ____ Yes ____ No

Association Representative Name | Title

Association Representative Signature Date

BUYER / TENANT INFORMATION FORM

THIS FORM MUST BE COMPLETED FOR ALL APPLICANTS OVER 18 YEARS OLD.

I, We _____ prospective
tenant(s) / buyer(s) for the property located at **1802 Gulf Blvd, Indian Rocks Beach, FL 33785.**

Managed By: MC Homes Realty, Inc, **Owned By:** _____

Hereby allow MC Homes Realty, Inc and/ or the property owner/ manager to inquire into my/ our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I/ we understand that on my/ our credit file it will appear that MC Homes Realty has made an inquiry. I/ we cannot claim any invasion of privacy or any other claim that may arise against MC Homes Realty now or in the future.

PLEASE PRINT CLEARLY

BUYER/ TENANT INFORMATION	SPOUSE / ROOMMATE
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
FULL NAME: _____	FULL NAME: _____
SOCIAL SECURITY NUMBER: _____	SOCIAL SECURITY NUMBER: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
DRIVER'S LICENSE NO: _____	DRIVER'S LICENSE NO: _____
CURRENT ADDRESS: _____	CURRENT ADDRESS: _____
HOW LONG LIVING IN THIS ADDRESS: _____	HOW LONG LIVING IN THIS ADDRESS: _____
NAME OF LANDLORD: _____	NAME OF LANDLORD: _____
LANDLORD PHONE NUMBER: _____	LANDLORD PHONE NUMBER: _____
PREVIOUS ADDRESS: _____	PREVIOUS ADDRESS: _____
HOW LONG LIVING IN THIS ADDRESS: _____	HOW LONG LIVING IN THIS ADDRESS: _____
NAME OF LANDLORD: _____	NAME OF LANDLORD: _____
LANDLORD PHONE NUMBER: _____	LANDLORD PHONE NUMBER: _____
EMPLOYER: _____	EMPLOYER: _____
OCCUPATION: _____	OCCUPATION: _____
GROSS YEARLY INCOME: _____	GROSS YEARLY INCOME: _____
LENGTH OF EMPLOYMENT: _____	LENGTH OF EMPLOYMENT: _____
WORK PHONE NUMBER: _____	WORK PHONE NUMBER: _____
HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SEND A LETTER OF EXPLANATION.	HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SEND A LETTER OF EXPLANATION.
HAVE YOU EVER BEEN CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE: _____	SIGNATURE: _____
DATE: _____	DATE: _____

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.