

**HAWKS POINT WEST HOMEOWNERS' ASSOCIATION, INC.**  
**Ruskin, Florida 33570**

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](mailto:allapplications@sunstatemanagement.com)

**Lease 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 \_\_\_ or Sale \_\_\_

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

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

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

Lot No: *Anticipated Closing / Lease Date(s)* \_\_\_\_\_

Full-Time Residence? YES  NO  Realtor / Lease Manager Name and 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.

**HAWKS POINT WEST HOMEOWNERS' ASSOCIATION, INC.**  
**Ruskin, Florida 33570**

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](mailto:allapplications@sunstatemanagement.com)

**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 Hawks Point and agree to abide by them.**

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

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

**Action By Board of Directors**

Application Approved    YES    NO  
                                     

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

**Hawks Point West Third Party Beneficiary  
Lease Addendum**

**\*\*IMPORTANT\*\***

**LANGUAGE BELOW MUST BE ON THE LEASE AGREEMENT OR HOA ADDENDUM  
FROM THE LEASE MANAGER/LEASE MANAGEMENT COMPANY\*\***

**(if the language is not included, the application will be returned and the approval  
process will be placed on hold until the language is added to the lease agreement or  
HOA addendum)**

**All applications MUST BE approved by the board of directors prior to move in date.**

**Application approvals can take up to 5 business days.**

“The Lessor and Lessee acknowledge and agree that Hawks Point West Homeowners Association, Inc. (hereinafter “the Association”) is a third party beneficiary to this Lease. As such, the Association shall have the right, but not the obligation, to enforce the terms and conditions of this Lease against the Lessor or the Lessee. Notwithstanding the foregoing, the Association's failure to object to any term or condition of this Lease shall not be deemed to be consent or approval of any term or condition of the Lease, nor shall the Association have any obligation whatsoever for the performance of any obligation of Lessor or Lessee contained in the lease or otherwise. The Association shall have the right to enforce the Declaration of Covenants, Conditions, and Restrictions against the Lessor, Lessee, or any member of the Lessee's household, individually or collectively. The Association shall not be bound by any provision in the Lease, including, without limitation, those requiring prior notice or imposing other conditions on the rights of the Association.”

Lease Manager/Management Company Signature: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_