

Venice Beach Apartments Two, Inc.

A 55+, Smoke Free and Pet Free Community

c/o Sunstate Association Management Group, Inc.

PO Box 18809 Sarasota, FL 34276 Telephone: 941 870-4920

SALE APPLICATION - \$25.00 FEE

AGE RESTRICTIONS: One occupant must be a least 55 years of age. No one under eighteen (18) years of age is permitted to reside in the unit. Proof of age (**copy of driver license or birth certificate**) must be provided to the Board of Directors prior to occupancy. Occupancy is limited to two (2) persons in a one-bedroom apartment and four (4) persons in a two-bedroom apartment. To be occupied as a single family unit only.

NO PETS and NO SMOKING ALLOWED. Please visit the website for helpful information: www.myvba2.com

The undersigned hereby is making application for membership in the Co-operative Association and submits the following information for your consideration and approval. Please print or type.

The following information is pertaining to the SALE of unit: _____.

Seller's Name: _____

Buyer's Name: _____

Present Address: _____

Address for ALL CO-OPERATIVE CORRESPONDENCE: _____

Age (s) _____ Occupation(s): _____

Employed by: _____ How Long? _____

Business address: _____ Phone #: _____

Vehicle Make: _____ Year: _____ Tag: _____ St: _____

Contact in case of emergency: _____

Phone: _____ Address: _____

Buyer understands and agrees to observe all rules, regulations and restrictions contained in the Association "Declaration of Co-operative" and "By-Laws", as well as all Co-operative rules established by the Board of Directors. The buyer(s) acknowledge having received and read the above mentioned rules, regulations and restrictions by signing in the space provided below.

We certify that we shall sign and assume the sub-lease agreement on Unit # _____, that we have read the Property Lease, the Association By-Laws and the House Rules and Regulations of the Association, and agree to abide by them.

Signed: Buyer Signature: _____ Date: _____

Print Name: _____

Signed: Buyer Signature: _____ Date: _____

Print Name: _____

Closing date: _____

Agent: _____ Phone: _____ Fax: _____

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OFFICE USE: Application fee received _____ Proof of age received _____

BOARD ACTION: Approved _____ Rejected: _____ Date: _____

Signature: _____ Title: _____