

BELLA COSTA SALE APPLICATION
Allapplications@sunstatemanagement.com

BUILDING (circle one): (A) (B) (C) (D) (E) (F) (G) UNIT # _____

Per the Bella Costa Declaration of Condominium, "No unit owner may dispose of a unit or any interest therein by sale without prior approval of the Board of Directors of the Association."

BUYER NAME(S): _____

ADDRESS _____

PHONE _____ ALT. PHONE _____

EMAIL ADDRESS _____

(email addresses kept private; entering email address allows contact by association for eBlast news and business)

DRIVERS LICENSE NUMBER _____

EST. CLOSING DATE _____ REAL ESTATE AGENT _____

VEHICLE YEAR _____ LICENSE STATE _____ LICENSE PLATE # _____

MAKE / MODEL _____ COLOR _____

Buyer initials:

_____ Buyer(s) will submit a non-refundable transfer fee of \$150.00 with this form, payable to Bella Costa, Inc.

_____ Buyer(s) certifies he has received a Bella Costa Resident Orientation Packet (includes Rules & Regulations)

_____ Buyer(s) certifies he has received all other Bella Costa governing documents: 99 Year Lease; Articles of Incorporation; Declaration of Condominium; and Bylaws; and by signature herein agrees to abide by all the aforementioned and to any additions or revisions promulgated from time to time by the Board of Directors.

BELLA COSTA IS A NO-DOG COMMUNITY

Buyer(s) Signature _____ Date _____

Co-Buyer(s) Signature _____ Date _____

Owner (Seller) agrees to deliver this application, along with the Buyer's transfer fee, to the address below thirty (30) days or more before Closing. **Owner (Seller)** agrees to supply Buyer with copies of all Bella Costa governing documents: 99 Year Lease; Articles of Incorporation; Declaration of Condominium; Bylaws; and Resident Orientation Packet, which includes Rules & Regulations.

Owner (Seller's) Signature _____ Date _____

Co-Owner (Seller's) Signature _____ Date _____

Please mail completed application, along with the \$150. Transfer fee, payable to Bella Costa, Inc to All Applications c/o Sunstate Management Group, Inc., P.O. Box 18809, Sarasota, FL 34276 Tel: 941.870.4920

Board Use Only:
Approval Signature _____ Date _____

Rev. 11.29.2021

**AUTHORIZATION TO PERFORM BACKGROUND INVESTIGATION
AND CRIMINAL REPORT**

Please complete one for each applicant

In compliance with applicable state law, this notice is to inform you that this company may obtain a BACKGROUND PROFILE AND CRIMINAL report.

Reports include but are not limited to criminal background checks, Department of Motor Vehicle records, and associated profile information. An investigative report contains information of your character; general reputation, personal characteristics, or mode of living which has been obtained through public records and personal interviews with neighbors, friends, or associates or from others with whom you are or have been acquainted or who may have knowledge concerning and such information.

By signing below I _____, authorize this company to obtain a Criminal report or an investigative profile report in connection with my employment, or tenancy as set forth herein.

X _____ DATE _____
SIGNATURE

Full Legal Name: _____

Social Security #: _____ - _____ - _____ Date of Birth _____ / _____ / _____
M D Y

Current Address: _____

Driver's License: _____ State: _____
Or Passport