

**Our Association, Inc.**  
1001 Beach Road ,Sarasota, FL  
34242

**Application for Association Membership- \$100.00**

Property Address:Unit # \_\_\_\_\_

Anticipated Closing Date:\_\_\_\_\_

**Applicant(s) Information**

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_ SS#:\_\_\_\_\_

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_ SS#:\_\_\_\_\_

Home Address:\_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip:\_\_\_\_\_ Email:\_\_\_\_\_

Do you own \_\_\_\_\_ or rent \_\_\_\_\_ at the above address?

How long at this address:\_\_\_\_\_ If less than one year, please list previous address.

Previous address:\_\_\_\_\_

Number of children under age21: \_\_\_\_\_

**Applicant(s) Employer Information**

Occupation(s): \_\_\_\_\_

Business Name:\_\_\_\_\_ Phone#:\_\_\_\_\_

Business Address:\_\_\_\_\_

How long employed?\_\_\_\_\_ If less than 1 year, provide previous employer information.

Previous employer name & address:\_\_\_\_\_

**Additional Information**

Have you previously stayed at Our House ? \_\_\_\_\_ If so, date of last visit:\_\_\_\_\_

Are you acquainted with any current owners at Our House?If so,whom?

Owner Name and Unit number \_\_\_\_\_

Do you intend to put your Our House Unit in the rental program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bank Reference:\_\_\_\_\_

Name of Real Estate Company representing you? \_\_\_\_\_

Name of Agent \_\_\_\_\_ Agent's Phone# \_\_\_\_\_

I (we) represent that the above information is true and correct and I (we) consent that Our House at Siesta Beach Condominium Association may make further inquiry concerning the same. In the event my (our) application is approved, I (we) hereby agree to abide by the Our House at Siesta Beach Condominium Declaration of Condominium and Association By-Laws.

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

Applicant(s) Signature



New Owner Disclosure and Release Form

In submitting my application for ownership, I authorize a background check. Upon written request, additional information as to the nature and scope of the background check, if one is made, will be provided.

I, the undersigned, so hereby authorize the agency in possession of this document to conduct a criminal background check on me, for the purpose of determining my suitability for ownership. This authorization is for the release of information pertaining to me, including but not limited to the following:

- Law enforcement agencies, criminal record information, military authorities, motor vehicle bureaus, institutions, and courts of law.
• Previous or current Employers (s) concerning my dates of employment, positions, title,

HOLDS HARMLESS RELEASE

I hereby consent to this consumer background check and release and hold harmless TOPS HR Solutions., and Our Associations Inc., employees/agents, law enforcement agencies, credit reporting agencies, state and federal agencies, that shall provide information to TOPS HR Solutions, on behalf of Our Association Management, upon request, for and again any and all claims, suits, or expenses arising from or related to the content, validity, or handling of said reports.

Last, First, Middle Name (Printed) Phone Number Social Security Number

Maiden Name/Former Name Date of Birth Driver's License Number State

Have you ever been convicted of a Felony or Misdemeanor for which the record has not been sealed or expunged?
Yes No If yes, please explain:

\*\*Please list ALL addresses you have resided at for the past 7 years\*\*

Current Address City State Zip Code

Previous Address City State Zip Code

Previous Address City State Zip Code

Signature Date

TOPS HR Solutions
2831 Ringling Blvd Bldg. A Unit 101, Sarasota, FL 34237
Phone: 941-366-7570 \*Fax: 941-954-2028
www.topshr.com

**OUR HOUSE AT SIESTA BEACH**

**OWNER INFORMATION FORM**

**(This Information is for Association Use Only)**

**(Please Complete the Form Below and Return to the Office)**

RESIDENT NAME \_\_\_\_\_ BLDG \_\_\_\_\_ UNIT \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

OUT OF TOWN ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FAX# \_\_\_\_\_

EMAIL ADDRESS 1 \_\_\_\_\_ EMAIL ADDRESS 2 \_\_\_\_\_

**IN CASE OF EMERGENCY**

CONTACT NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

---

**PLEASE NOTE:**

**IT IS THE RESPONSIBILITY OF THE OWNER WHO DOES NOT RENT THEIR UNIT THROUGH THE ONSITE RENTAL OFFICE , TROPICAL SANDS ACCOMMODATIONS , TO NOTIFY THE ASSOCIATION OF THE RENTAL MANAGEMENT COMPANY THEY EMPLOY TO RENT AND MANAGE THEIR UNITS.**