EASTWOOD SHORES #1 CONDOMINIUM ASSOCATION

C/O Ameri-Tech Community Management Partners, LLC
24701 US Hwy 19N, Suite 102
Clearwater, FL 33763
Phone (727) 7264000 Fax (727) 723-1101

Request for Approval of New Owner/Renter - Note: Only 1 pet is allowed, not exceeding 20 pounds at maturity

Do you own any pets? ____ Yes _____ No

Please advise of Breed _____ (No aggressive breeds allowed).

No Subletting of units is allowed.

NEW RESIDENT: This application should be completed at least 10 business days prior to new occupancy date and accompanied by a $100.00 check payable to **Eastwood Shores #1 Association**. A criminal background check is done on all applicants. Incomplete forms cannot be processed and will be returned.

CURRENT OWNER INFORMATION: Address: _____Unit # _____
Name: _____
Name: _____
Home Phone #: _____ Work #: _____ Cell Phone #: _____

I acknowledge that, as the current owner, it's my responsibility to provide the purchaser/ renter with the following:

Initial when provided:

_____ Current set of the Declaration of Condominium, Articles of Incorporation & By-Laws, also on Website at eastwoodshores1.com (Owner only)
_____ Current copy of the Rules and Regulations (Renters should get this)
_____ Maintenance Payment Coupon Book (Owner only)
_____ Mailbox key
_____ Pool area key
_____ I will provide this completed application to Ameri-Tech at least 10 business days before the sale closing date or lease date.

NEW OWNER / RENTER INFORMATION:

Name: _____
Home Phone #: _____ Work #: _____ Cell Phone #: _____
Name: _____
Home Phone #: _____ Work #: _____ Cell Phone #: _____
(Owner)Closing Date: _____ (Renter)Lease Term:_____

PERSONAL REFERENCES:

#1 Name/Phone(s): _____
#2 Name/Phone(s): _____

Renter(s) Current Resident: _____
Manager or owner contact information: _____
Phone: _____

EMERGENCY CONTACT NAME: _____

Does the Emergency contact have a key to your unit: Yes _____ No _____ Relationship_____
Phone #'s (Home/Cell): _____

REALTOR / Rental Agent's Name: _____
Phone #: _____ FAX #: _____