

EASTWOOD SHORES #1 CONDOMINIUM ASSOCIATION

C/O Ameri-Tech Community Management, Inc.
24701 US Hwy 19N, Suite 102
Clearwater, FL 33763
Phone (727) 726-8000 Fax (727) 723-1101

Request for Approval of New Owner/ Renter

Note: Only 1 pet is allowed, not exceeding 20lbs. at maturity

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 with a \$100.00 check payable to Eastwood Shores #1 Association. Incomplete forms cannot be processed and will be returned.

CURRENT OWNER INFORMATION: Address: _____ Unit # _____
Name: _____
Last First _____

Name: _____
Last First _____

Home Phone #: _____ Work # _____ Cell #: _____

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 (Owner only)

_____ Current copy of the Rules and Regulations (Renters should get this)

_____ Maintenance Payment Coupon Book (Owner only)

_____ Mail box 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: _____
Last First _____
Phone: _____
Home Business Cell _____

Name: _____
Last First _____
Phone: _____
Home Business Cell _____
(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/Biz/Cell): _____

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

CUSTOMER NUMBER 2325 - AMERI-TECH

PROPERTY / ASSOCIATION - _____

BACKGROUND INFORMATION FORM

DATE: _____

I / We _____, prospective tenant(s) / buyer(s) for the property located at _____

Managed By: _____ Owned By: _____

Hereby allow TENANT CHECK and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

PLEASE PRINT CLEARLY

<u>INFORMATION:</u>	<u>SPOUSE / ROOMMATE:</u>
SINGLE _____ MARRIED _____	SINGLE _____ MARRIED _____
SOCIAL SECURITY #: _____	SOCIAL SECURITY #: _____
FULL NAME: _____	FULL NAME: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
DRIVER LICENSE #: _____	DRIVER LICENSE #: _____
CURRENT ADDRESS: _____	CURRENT ADDRESS: _____
HOW LONG? _____	HOW LONG? _____
LANDLORD & PHONE: _____	LANDLORD & PHONE: _____
PREVIOUS ADDRESS: _____	PREVIOUS ADDRESS: _____
HOW LONG? _____	HOW LONG? _____
EMPLOYER: _____	EMPLOYER: _____
OCCUPATION: _____	OCCUPATION: _____
GROSS MONTHLY INCOME: _____	GROSS MONTHLY INCOME: _____
LENGTH OF EMPLOYMENT: _____	LENGTH OF EMPLOYMENT: _____
WORK PHONE NUMBER: _____	WORK PHONE NUMBER: _____
HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO	HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO
HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO	HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO
SIGNATURE: _____	SIGNATURE: _____
PHONE NUMBER: _____	PHONE NUMBER: _____

TENANT CHECK HOURS OF OPERATION:
 MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.
 SATURDAY : 11:00 a.m. - 4:00p.m.
 ALL ORDERS RECEIVED AFTER 5:00 p.m (3:30 p.m. on Sat) WILL BE PROCESSED THE NEXT BUSINESS DAY

TENANT CHECK FAX #: (727) 942-6843

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS