

SPRINGWOOD VILLAS II CONDOMINIUM ASSOCIATION INC

c/o Ameritech Property Management
24701 US Hwy 19 North, Suite 102
Clearwater, FL 33763
Phone (727) 726-8000 Ext. 247 Fax (727)723-1101
Jenny Kidd, LCAM
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Application for Sale and Lease

1. Application Fee of \$150 per person or married couple
2. A legible copy of driver's license **must** accompany this application
3. Copy of sales contract or lease

NOTE: A copy of age verification is required with this application (i.e. Driver's License, Birth Certificate, Florida I.D., Medicare Card, etc.). The "Housing for Older Persons' Act of 1995, effective 12/28/95, requires that we must have a least one permanent occupant at each villa who is 55 years of age or older to maintain our status as an "Adult Community". Likewise, no person under 18 years of age may permanently occupy our villas.

Property Address: _____ Date: _____

PURCHASE _____ OR RENTAL _____

Applicant Name(s) _____

*Driver's License #(s) and State _____

Present Address: _____

Email Address: _____

Phone No: (____) _____ Own _____ or Rent _____ How Long: _____

Other Addresses in last 2 years: _____

If rental(s) provide landlord name and number: _____

Bank Reference: _____

Bank Contact: _____ Phone No: _____

Personal References: (List at least two (2). Indicate B for Business

1. Name _____ Phone No: (____) _____
Address: _____
2. Name _____ Phone No: (____) _____
Address: _____
3. Name: _____ Phone No: (____) _____
Address: _____

Current or Last Employer: _____ Phone No. (____) _____

Address: _____ **Years of Service:** _____

List any of occupants of this unit: _____

Pet Information: (See Rules and Regulations pertaining to Pets) If you have a pet please identify:

Vehicle Information: (Two (2) vehicles per unit)

1. Make _____ Color _____ License Plate No. _____
2. Make _____ Color _____ License Plate No. _____

If Purchasing Unit will be used as a home (____) or an Investment (____)

NOTE: A legible copy of the CONTRACT/PURCHASE AGREEMENT must accompany this application.

If Leasing: Length of Lease _____ Starting: _____

NOTE: A legible copy of the Lease agreement must accompany this application.

I/We, the owner(s) of UNIT _____ hereby agree and assign to Springwood Villas II, Inc. the right to contact my tenant and collect directly from my tenant, my tenant's rental payment owed to me, which payment shall be applied to any amount of my maintenance fees. Special assessments, late fees, interest and attorney fees, for which I have become delinquent, to the Association. This assignment shall remain in full force and effect until my delinquent maintenance fees and /or Special Assessments, late fees, interest, and attorney fees are paid in full and any monies that remain after payment of these delinquencies shall be forwarded to me.

NOTE: A minimum lease term of six (6) months is required for occupancy and a legible copy of the Lease Agreement must accompany this application.

Is any person other than the applicant(s) responsible for the maintenance fee along with the applicant? If yes provide the following: Name _____ SS# ____-____-_____

Realtor(s) Name _____ No: _____

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORM

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

Managed By: _____ Owned By: _____,

Hereby allow TENANT CHECK LLC 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 LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY

<u>TENANT 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: _____ _____ HOW LONG? _____	CURRENT ADDRESS: _____ _____ HOW LONG? _____
LANDLORD & PHONE: _____	LANDLORD & PHONE: _____
PREVIOUS ADDRESS: _____ _____ HOW LONG? _____	PREVIOUS ADDRESS: _____ _____ 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: _____

IMPORTANT

Please complete this form and return it to Ameri-Tech with your owner/tenant application. Applications received without this form will not be processed.

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