

**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**

**James Myrthil, LCAM**

**jmyrthil@ameritechmail.com**

**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: \_\_\_\_\_

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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 \_\_\_\_\_ Number: \_\_\_\_\_

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**

**TENANT INFORMATION:**

**SPOUSE / ROOMMATE:**

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: \_\_\_\_\_

**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