

Brittany's Place Condominium Association, Inc. Application

NOTE: A \$100.00 NON-REFUNDABLE FEE w/copy of photo I.D. MUST ACCOMPANY THIS APPLICATION PRIOR TO CONSIDERATION FOR PURCHASE or LEASE. Please make check payable to Brittany's Place Condominium Assn.

THIS APPLICATION IS FOR: SALE: _____ LEASE: _____ CO-RESIDENT: _____

ADDRESS OF PROPERTY: _____

NAME OF PRESENT OWNER(S): _____

MAILING ADDRESS OF OWNER: _____

PERSONAL DATA OF PURCHASER(S), LESSEE(S) OR CO-RESIDENT(S) Note: A separate application and fee is required for other than spouses or bona fide dependents of purchasers or lessees.

NAME: _____ BIRTH DATE: _____ PHONE: _____

DRIVER'S LICENSE NO.: _____ VEHICLE LICENSE NO.: _____

SOCIAL SECURITY NO.: _____

NAME: _____ BIRTH DATE: _____ PHONE: _____

DRIVER'S LICENSE NO.: _____ VEHICLE LICENSE NO.: _____

SOCIAL SECURITY NO.: _____

CURRENT ADDRESS: _____ HOW LONG? _____

PURCHASER(S): MORTGAGEE: _____ PHONE: _____

BANK NAME: _____ ACCOUNT NO: _____

BANK NAME: _____ ACCOUNT NO: _____

LESSEE'S CURRENT LANDLORD ADDRESS & PHONE: _____

PURCHASER(S)/LESSEE(S) EMPLOYMENT: (if retired, prior employment)

CURRENT EMPLOYER: _____ PHONE: _____

OCCUPATION: _____ HOW LONG? _____

FORMER EMPLOYER: _____ PHONE: _____ HOW LONG? _____

ANY OTHER PERSON(S) THAT WILL OCCUPY UNIT FOR MORE THAN 3 WEEKS DURING A 6 MONTH PERIOD, OR 6 WEEKS DURING A YEAR PERIOD, MUST COMPLETE A SEPARATE APPLICATION.

PERSONAL HISTORY:

HAVE YOU EVER BEEN EVICTED? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____

HAVE YOU EVER BEEN IN LITIGATION WITH LANDLORD OR CONDOMINIUM ASSOCIATION? _____

IF YES, PROVIDE DETAILS AS TO DATE, LOCATION AND OTHER PERTINENT INFORMATION: _____

Mail or Deliver to: Ameri-Tech Community Management, 24701 US Highway 19 North, Suite 102, Clearwater, Florida 33763
Office (727) 726-8000 - Facsimile (727) 723-1101

NAME OF REAL ESTATE AGENT OR PERSON HANDLING TRANSACTION: _____

ADDRESS: _____

(Please INITIAL the follow blanks as appropriate to signify compliance/acceptance)

PURCHASER(S) ONLY: Purchaser(s) understands that she/he/they will automatically become a member of the Condominium Association and that all duly enacted assessments of the Association are due and payable as enacted and if unpaid, are subject to *claim of lien* to be placed upon the unit. _____

PURCHASERS & LESSEES: DO HEREBY AUTHORIZE THE ASSOCIATION OR MANAGING AGENT TO SECURE CREDIT AND ANY OTHER INFORMATION DEEMED NECESSARY IN APPROVING THIS APPLICATION _____ (INITIAL).

PURCHASER(S): HAS/HAVE RECEIVED THE FOLLOWING: DECLARATION: _____ BY-LAWS: _____
ARTICLES OF INCORPORATION: _____ CURRENT BUDGET: _____

PURCHASER(S): HAS/HAVE READ THE ABOVE STATE DOCUMENTS AND AFFIRM THAT SHE/HE/THEY WILL ABIDE BY ALL CONDITIONS AND TERMS OF SAID DOCUMENTS AS NOW ENACTED OR WILL BE DULY ENACTED OR AMENDED IN THE FUTURE: _____

LESSEE(S): HAS/HAVE RECEIVED AND READ THE RULES & REGULATIONS AND AFFIRM THAT SHE/HE/THEY WILL ABIDE BY ALL THE CONDITIONS AND TERMS OF SAID RULES AND REGULATIONS AS NOW ENACTED OR WILL BE DULY ENACTED IN THE FUTURE: _____

DO YOU RECEIVE FINANCIAL ASSISTANCE FROM AN OUTSIDE (THIRD PARTY) SOURCE TO PAY RENT? _____

PROPOSED MOVE-IN DATE: _____. IF LEASE, EXPIRATION DATE: _____ NO LEASE SHALL BE FOR LESS THAN A SIX (6) MONTH PERIOD.

APPLICANT(S) SIGNATURE(S): *NOTE: Applicant(s) hereby certifies all information given on this form to be true and accurate to the best of their knowledge. Intentional omissions and or false information will be cause for application disapproval, or be cause for penalties to be imposed upon residents and owners, up to and including possible eviction or foreclosure.*

_____ DATE _____ WITNESS: _____

_____ DATE _____ WITNESS: _____

A REVIEW AND/OR INTERVIEW BY THE BOARD OF DIRECTORS IS REQUIRED PRIOR TO APPROVAL OF THIS APPLICATION AND BEFORE CLOSING OF SALE OR LEASE

----- (For Board Use Only) -----

APPLICATION: APPROVED _____ DISAPPROVED _____

PRINT NAME TITLE SIGNATURE DATE

PRINT NAME TITLE SIGNATURE DATE

PRINT NAME TITLE SIGNATURE DATE

DATE _____

CUSTOMER NUMBER 2325 -- AMERI-TECH

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: _____		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 <input type="checkbox"/> NO <input type="checkbox"/>		HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>		HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 3:00 p.m. (2:00 p.m. on Sat.) WILL BE PROCESSED THE NEXT BUSINESS DAY

email@tenantcheckllc.com

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