### AMERI-TECH COMMUNITY MANAGEMENT 24701 US HIGHWAY 19 NORTH, SUITE 102 CLEARWATER, FL 33763 OFFICE NUMBER (727) 726-8000

# REQUEST FOR APPROVAL OF OWNERSHIP TRANSFER AND VOTER RESPRESENTATIVE

Association Name:	Catalina Cove	Date:	
Rental Application	Sales Application	Voter R	epresentative
FROM:	TO:		
Seller/Landlord		Purchaser/Tenant	
Re Address:			
Closing Date:	Occupancy Date – Rental Form:		_ to
	NO If unit is to be leased, pur of lease prior to rental occupancy.	•	
Persons who will occupy the above	e unit are as follows:		
(THIS INFORMATION MUST	BE PROVIDED FOR PROCESS	ING OF YOUR A	PPLICATION)
Name:	Date of Birth: _		_
Name:	Date of Birth:		
Email Address:			-
Phone Number:			<u>-</u>
If other persons will occupy this un	nit, please attach a separate sheet as	an addendum.	
Purchaser's/Tenant's Present Addr	ess:	Phone:	
Mailing Address After Closing:		Zip:	
Employed By:	Address:		
References:	Address:		
References:	Address:		
Bank References:			
Automobile(s) Make:		Tag Nu	mber:
ets (If Allowed) Type: Weight:			
Name and Address of Title Compa	ny:		
Real Estate Agent (If Applicable):			

Catalina Cove.

**IMPORTANT** - PLEASE NOTE THAT THIS APPLICATION WILL NOT BE COMPLETED AND RETURNED UNTIL THE \$150.00 IN APPLICATION FEES HAVE **BEEN RECEIVED – THANK YOU.** 

If you have any questions, please contact your property manager at (727) 726-8000 ext. 504.

CUSTOMER NUMBER	
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## **TENANT INFORMATION FORM**

I / We	, prospective
tenant(s) / buyer(s) for the property located at _	,
Managed By:	Owned By:,
	inquire into my / our credit file, criminal, and rental history as well as any other personal understand that on my / our credit file it will appear the TENANT CHECK LLC has made at may arise against TENANT CHECK LLC now or in the future.

### PLEASE PRINT CLEARLY

<b>TENANT INFORMATION:</b>	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