

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 REPRESENTATIVE

Association Name: Catalina Cove Date: _____

_____ Rental Application _____ Sales Application _____ Voter Representative

FROM: _____ TO: _____
Seller/Landlord Purchaser/Tenant

Re Address: _____

Closing Date: _____ Occupancy Date – Rental Form: _____ to _____

Is unit to be leased? _____ YES _____ NO If unit is to be leased, purchaser agrees to supply the Board of Directors with application for lease and copy of lease prior to rental occupancy. If unit will not be leased, will owner live in unit _____ Part Time _____ Full Time?

Persons who will occupy the above unit are as follows:

(THIS INFORMATION MUST BE PROVIDED FOR PROCESSING OF YOUR APPLICATION)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

If other persons will occupy this unit, please attach a separate sheet as an addendum.

Purchaser's/Tenant's Present Address: _____ Phone: _____

Mailing Address After Closing: _____ Zip: _____

Employed By: _____ Address: _____

References: _____ Address: _____

References: _____ Address: _____

Bank References: _____

Automobile(s) Make: _____ Tag Number: _____

Automobile(s) Make: _____ Tag Number: _____

Pets (If Allowed) Type: _____ Weight: _____

Name and Address of Title Company: _____

Real Estate Agent (If Applicable): _____

Where is approved Application to be sent: _____

Purchaser(s) states that they have received a copy of all Association documents including the Declaration of Covenants and Restrictions, Articles of Incorporation, Bylaws, and Rules and Rules and Regulations, and has read, understood, and agrees to abide by all the conditions and terms herein and all reasonable rules and regulations enacted hereafter officially by the Association.

This approval is subject to all financial obligations to the Association including, but not limited to, maintenance fees, late charges, special assessments, legal fees, and application fees having been paid in full or will be paid by closing agent at the time of closing of this sale.

I understand that the Board of Directors of the Association may cause to be instituted an investigation of my background, which could include a credit check and a criminal record check. Accordingly, I authorize the Board of Directors to make such investigations and I agree that the information contained in this application may be used in such investigation and that the Board of Directors shall be held harmless from any action or claim by me in any investigation conducted by the Board of Directors. The decision of the Board is final and no reason necessarily will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

SELLER/LANDLORD

PURCHASER/TENANT

SOCIAL SECURITY #

SELLER/LANDLORD

PURCHASER/TENANT

SOCIAL SECURITY #

===== APPROVAL OF PURCHASER/TENANT =====

Pursuant to Paragraph____, Article____ of the Declaration of Covenants and Restrictions of the _____, the Board of Directors have approved the purchase/lease of unit at _____ and do hereby confirm the same by this document.

President, Secretary or Authorized Agent

Application fee in the amount of \$100.00 must accompany this form – please make your check payable to Catalina Cove.

IMPORTANT – PLEASE NOTE THAT THIS APPLICATION WILL NOT BE COMPLETED AND RETURNED UNTIL THE \$100.00 IN APPLICATION FEES HAVE BEEN RECEIVED – THANK YOU.

If you have any questions, please contact your property manager at (727) 726-8000 ext. 247.

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 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>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 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