

EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, INC.
C/O AMERI-TECH COMMUNITY MANAGEMENT
ATTN: Beverly Neubecker LCAM
bneubecker@ameritechmail.com
Phone: (727) 726-8000 x 302
Fax: (727) 723-1101
24701 US HIGHWAY 19 N, SUITE 102
CLEARWATER, FL 33763

BLDG: _____

APT: _____

APPLICATION FOR PURCHASE, TRANSFER, GIFT, DVISE OR INHERITANCE APPRVAL

1. This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).
2. If any question is not answered or left blank, this application will be returned, not processed and not approved.
3. Please attach a copy of the sales contract to this application.
4. Please attach a non-refundable processing fee of **\$100.00** to this application, made payable to **EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, INC.** for each applicant, other than husband/wife or parent/dependent child (which is considered one applicant).
5. Acceptance of the processing fee does not in any way constitute approval of this transaction.
6. The completed application must be submitted to the Association office at least **15 days** prior to the expected closing date.
7. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board of Directors approval is prohibited.
8. No unit is allowed more than 2 dogs or 2 cats, or 1 dog and 1 cat. No one shall be permitted to keep a pet upon condominium property which shall become obnoxious, dangerous or create a nuisance to any other resident.
9. Use of this apartment is for single family residence only. No corporation, company, partnership or trust may purchase an apartment.
10. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted to park on the premises overnight.
11. Only two (2) assigned parking spaces available per apartment. One vehicle must be in the garage.
12. The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules & Regulations, otherwise, you must purchase them from the Association for **\$75.00**.
13. Purchaser must notify the Association office with the exact date of their closing.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date: ___/___/____ Bldg. No.: _____ Apt. No.: _____ Approx. Closing Date: ___/___/____

Current Owner's Name: _____ Tel. No.: (____) _____

Current Owner's Present Address: _____

Name of Realtor Handling Sale: _____ Tel. No.: (____) _____

NAME of Prospective Purchaser (as Title will appear):

a. _____ b. _____ (Spouse)

MORTGAGE INFORMATION: (If unit will be mortgaged)

Name of Lender: _____ Tel. No.: (____) _____

Address: _____

OTHER PERSONS who will occupy the apartment with you (if any):

	<u>Name</u>	<u>Age</u>	<u>Relationship / Occupation</u>
1.	_____	_____	_____
2.	_____	_____	_____

EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, INC.
Bough Ave ~ Clearwater, FL 33760

Have you ever seasonally resided in Florida before? Yes No If yes, please state name, address and dates of residency: _____

If retired, please state the company's name and address retired from and retirement date: _____

Have you or any proposed occupant ever been convicted of or plead to a crime? Yes No If yes, please state the date(s), charge(s), disposition(s) and location(s): _____

1. In make the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of an apartment at **EASTWOOD SHORES CONDO NO. 6** is as follows:

Permanent Residence Seasonal Residence Other (Explain): _____

2. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to purchase that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents and restrictions which are or may in the future be imposed by the **EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION**.

3. I have received a copy of all Association Documents: Yes No
I have received a copy of the Rules & Regulations: Yes No

4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board of Directors approval is prohibited.

5. If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the recorded Deed within 15 days after closing.

6. I understand that there is a restriction on pets and that I may not have a pet that is in excess of twenty (20) pounds at maturity. I may not have more than one pet.

7. I understand that the acceptance for purchase of an apartment at **EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION** is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentations, falsification or omission of information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board of Directors approval is prohibited.

8. I understand that the Board of Directors of **EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION** may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and **RENTERS REFERENCE OF FLORIDA** to make such investigation and agree that the information contained in this and the attached application may be used in such investigation and that the Board of Directors, Officers and Management of the **EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION** itself shall be held harmless from any action or claim by me in connection with the use of the information herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of the **EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION** will be final, and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT: _____ APPLICANT: _____

EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, INC.
Bough Ave ~ Clearwater, FL 33760

PURCHASE LEASE (Min of 90 days) FEE: \$ _____ DATE: ___/___/___

OCCUPANCY, DURING YEAR OF OWNERSHIP, CAN ONLY BE OWNER OR FAMILY MEMBER OF OWNER.

This completed form must be received for approval at the letterhead address, at least fifteen (15) days in advance of any sale or lease.

UNIT: _____ OWNER: _____ PHONE: (____) _____ - _____

AGENT NAME: _____ FIRM: _____ PHONE: (____) _____ - _____

MAILING ADDRESS: _____

OCCUPANCY FROM ___/___/___ TO: ___/___/___ IS RESTRICTED TO THE FOLLOWING APPLICANTS AND SHORT-TERM GUESTS (30 DAYS OR LESS). EXCEPTIONS MUST BE APPROVED.

We represent that the following information is true, and consent to your further inquiry concerning this information:

APPLICANTS: INCLUDE CHILDREN & PETS (MUST NOT BE MORE THAN 20 LBS)

NAME: _____ DOB: ___/___/___

NAME: _____ DOB: ___/___/___

NAME: _____ DOB: ___/___/___

NAME: _____ DOB: ___/___/___

NAME: _____ DOB: ___/___/___

PET: _____ DOB: ___/___/___

HOME PHONE: (____) _____ - _____ BUSINESS PHONE: (____) _____ - _____

ONLY TWO (2) VEHICLES PER UNIT, ONE MUST BE IN THE GARAGE. NO BOATS, NO TRAILERS, NO COMMERCIAL OR LARGE VEHICLES.

YEAR: _____ MAKE/MODEL: _____ COLOR: _____ TAG: _____

YEAR: _____ MAKE/MODEL: _____ COLOR: _____ TAG: _____

EMPLOYER/OCCUPATION:

NAME: _____ PHONE: (____) _____ - _____ OCCUPATION: _____

NAME: _____ PHONE: (____) _____ - _____ OCCUPATION: _____

REFERENCES:

NAME: _____ PHONE: (____) _____ - _____

NAME: _____ PHONE: (____) _____ - _____

The undersigned agrees that if the Condominium Association gives approval of a lease, such approval is limited to the specific term of the lease as described herein. If subsequent to such approval the undersigned desires to renew or extend the existing lease, or to enter into a new lease, the undersigned agrees that approval of the renewal, extension or new lease will be required prior to its effective date.

The execution below acknowledges receipt of a copy of the rules and regulations of the above condominium. Should this application be accepted, the undersigned hereby agree(s) to abide by said rules and regulations, together with any amendments thereto. If I am a tenant, I understand a violation can result in a revocation of approval and I will thereupon be required to vacate.

SIGNATURES (ADULT APPLICANTS) _____ DATE: ___/___/___

INTERVIEWED BY: _____ APPROVED DISAPPROVED

PRES. _____ DATE: ___/___/___

This approval is contingent upon the settlement of all financial matters between the unit owner and the association (including, but not limited to, maintenance fees. Assessments, late or legal fees, fines, etc.) being paid in full prior to the date of occupancy.

AMOUNT OF MONTHLY MAINTENANCE FEE \$ _____ PAID/UNPAID THROUGH _____

SPECIAL ASSESSMENT DUE \$ _____ OTHER MISC. CHARGES \$ _____

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:

SINGLE _____ MARRIED _____

SPOUSE / ROOMMATE:

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 4:30 p.m. (3:00 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