

CORDOVA GREENS V CONDOMINIUM ASSOCIATION, INC

c/o Ameri-Tech Property Management, Inc.
24701 US Hwy 19N, Suite 102, Clearwater, FL 3373
Phone - 727-726-8000 ~ Fax 727-723-1101

APPLICATION FOR PURCHASE OR LEASE OF A CONDOMINIUM UNIT

(Check One) Sale _____ Lease _____

1. Copy of fully executed Contract for Purchase or Lease for Rental
2. Fee \$100.00 Application fee / background search fee (per applicant 18 years and older) payable to "Cordova Greens V Condominium Association, Inc."
3. Copy of each Applicant(s) Driver's License(s) or Photo IDs
4. Failure to provide ALL required information will delay approval.
5. NO OCCUPANCY allowed before Association approval of this application and background search.

RETURN THIS FORM, FEES AND COPIES TO AMERI-TECH PROPERTY MANAGEMENT, INC.
24701 US HWY 19N, SUITE 102, CLEARWEATER, FL 33763.

Date: _____ Unit# _____ Bldg _____ TOTAL # OF OCCUPANTS _____

Closing Date _____

Application is hereby made for approval of the Purchase OR Lease of the above condominium unit from the present owner _____

Agent (if applicable) _____ ph _____

If lease – Term of Lease _____

(No unit shall be leased within the first two (2) years of ownership.)

(No lease shall be for a term of less than ninety (90) days.)

We represent that the following information is true, and consent to further inquiry concerning this information by the Cordova Greens V Condominium Association or their agents.

APPLICANT(S) _____ SS# _____

Date of Birth _____ Phone _____ (Cell / Work)

OTHER APPLICANT _____ SS# _____

Date of Birth _____ Phone _____ (Cell / Work)

Present Address _____

Phone # _____

Present Occupation _____

Firm Name _____ Employer's Address _____

Contact _____ Employer's Phone # _____

CORDOVA GREENS V CONDOMINIUM ASSOCIATION, INC

APPLICATION FOR PURCHASE OR LEASE OF A CONDOMINIUM UNIT

Pet(s) _____

No. of Vehicles _____ Make(s) _____

No. of persons to Occupy Unit _____ No. of Children _____ Ages _____

Occupancy in Cordova Greens V is limited to two persons per bedroom. **Leasing of units is subject to additional prior approval by the Board of Directors.**

Business References (1) _____ ph _____

(2) _____ ph _____

Bank References (1) _____ ph _____

(2) _____ ph _____

Personal References (1) _____ ph _____

(2) _____ ph _____

In Case of Emergency Notify:

Name/address/phone _____

Lending Institution _____

(If applicable)

Where/how did you find out about this rental? _____

Have you received a copy of the Declaration of Condominium? Yes/No

The execution below acknowledges receipt of a copy of the Rules and Regulations of the above stated Condominium. Should this application be accepted, the undersigned hereby agrees that to by the Rules and Regulations, Declaration, and By-Laws, together with any amendments thereto.

Date _____ Applicant's Signature _____

Date _____ Applicant's Signature _____

CORDOVA GREENS V CONDOMINIUM ASSOCIATION, INC
APPLICATION FOR PURCHASE OR LEASE OF A CONDOMINIUM UNIT

BELOW FOR OFFICE USE ONLY:

APPROVED: _____ DISAPPROVED _____ DATE: _____

Board Member Signature

APPROVED: _____ DISAPPROVED _____ -DATE: _____

Board Member Signature

This approval is contingent upon all financial matters with the Condominium Association referenced above (including, but not limited to, maintenance fees, assessments, late fees, etc.) being paid.

PROPERTY / ASSOCIATION - _____

BACKGROUND INFORMATION FORM

DATE: _____

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>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