

**SPRING LAKE OF CLEARWATER HOA**

C/O Ameri-Tech Community Management 24701 US Hwy 19 N. Ste.102

Clearwater, FL 33762 (727)726-8000, Fax (727)723-1101

**APPLICATION: LEASE**

Processing of this application requires checks in the amount of \$100.00 for married couple or \$100 per adult made payable to the Association. The Board requires ten (10) working days from receipt of a completed application for review.

Approval: \_\_\_\_\_ Denial: \_\_\_\_\_

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date: \_\_\_\_\_

**This application will not be processed unless it is completely filled in, a copy of the Lease Agreement & copy of Drivers license is attached and a check in the proper amount made payable to:**

**SPRING LAKE OF CLEARWATER HOA**

Tenant represents that the following information is true and correct and consents to further inquiry and investigation concerning the information supplied to any information which comes from that inquiry which is necessary for the approval of this application.

Tenants Name(s) \_\_\_\_\_

Subject Property Address \_\_\_\_\_

Phone# \_\_\_\_\_ email \_\_\_\_\_

Employer \_\_\_\_\_ Phone# \_\_\_\_\_

Current Owner Name: \_\_\_\_\_

Phone# \_\_\_\_\_ email \_\_\_\_\_

Contact information where this application is to be sent after board review:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ email \_\_\_\_\_

Tenant/References (non relatives only, please print)

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Names of Persons that will occupy this unit

1) \_\_\_\_\_ Birth Date \_\_\_\_\_

2) \_\_\_\_\_ Birth Date \_\_\_\_\_

3) \_\_\_\_\_ Birth Date \_\_\_\_\_

4) \_\_\_\_\_ Birth Date \_\_\_\_\_

Emergency contact (person to contact in case of emergency)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**VEHICLES/AUTOMOBILES – Maximum 4 with 2-car garage and 2 with 1-car garage**

1) Make: \_\_\_\_\_ Color \_\_\_\_\_ License# \_\_\_\_\_

2) Make: \_\_\_\_\_ Color \_\_\_\_\_ License# \_\_\_\_\_

3) Make: \_\_\_\_\_ Color \_\_\_\_\_ License# \_\_\_\_\_

4) Make: \_\_\_\_\_ Color \_\_\_\_\_ License# \_\_\_\_\_

**PET INFORMATION**

Type of Pet \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

Type of Pet \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

Purchaser states that he/she has received a copy of the condominium documents, including the Declaration of Condominium, the Articles of Incorporation, By-laws and Rules and Regulations and that he/she has read these documents, understands their content and agrees to abide by all of the conditions and terms therein, and all reasonable rules and regulations enacted thereafter officially by the Association.

Tenant signature \_\_\_\_\_ Date \_\_\_\_\_ Tenant signature \_\_\_\_\_ Date \_\_\_\_\_

**Any change in occupancy may not occur without required Board approval**

CUSTOMER NUMBER 2325 - AMERI-TECH

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: _____ HOW LONG? _____	CURRENT ADDRESS: _____ HOW LONG? _____
LANDLORD & PHONE: _____	LANDLORD & PHONE: _____
PREVIOUS ADDRESS: _____ HOW LONG? _____	PREVIOUS ADDRESS: _____ 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