

SUTTON PLACE OF TAMPA HOMEOWNERS ASSOCIATION, INC.

APPLICATION FOR PROPOSED UNIT SALE OR RENTAL

Revised 12/04/24

NOTE: A properly completed application must be received by Association or Management At least Fifteen (15) days prior to closing date. All applicants must obtain approval prior to closing. This application will not be considered unless it is: fully completed on both sides & signed and includes a **\$150.00 non-refundable application fee per application** payable to *Sutton Place of Tampa Homeowners Association, Inc.*. By signing the application, Applicants certify that they have read, understand, and will abide by the Declaration of Subdivision, the By-laws and all Rules and Regulations, including the restrictions regarding pets. **EVERY occupant over the age of 18 must apply and complete a separate application.** Return application to: **Christina Kelly at email ckelly@ameritechmail.com or Ameri-Tech Community Management, Inc., 24701 US Highway 19 No., Suite 102, Clearwater FL 33763. If the application is approved, owner must provide Association Proof of Insurance as required (see bottom of form) prior to date of closing.**

RENTAL _____ PURCHASE _____ UNIT ADDRESS _____

[If rental, please include a copy of the lease; if sale, please include a copy of the sale contract]

RENTAL RATE: \$ _____ / Month PURCHASE PRICE: \$ _____

If purchase, home will be: ___ OWNER OCCUPIED ___ SECOND HOME ___ INVESTMENT PROPERTY

CURRENT UNIT OWNER _____

APPLICANT INFORMATION

NAME #1 _____ SOC. SEC. NO. _____ DOB _____

NAME #2 _____ SOC. SEC. NO. _____ DOB _____

CURRENT TELEPHONE NUMBER _____

CURRENT ADDRESS _____

PREVIOUS ADDRESS _____

[Please include last five years]

PRESENT LANDLORD OR MORTGAGE COMPANY NAME, ADDRESS AND PHONE NUMBER _____

EMPLOYMENT INFORMATION

APP #1 PRESENT EMPLOYER _____ PHONE _____

EMPLOYER ADDRESS _____

CURRENT POSITION _____ LENGTH OF EMPLOYMENT _____

APP #2 PRESENT EMPLOYER _____ PHONE _____

EMPLOYER ADDRESS _____

CURRENT POSITION _____ LENGTH OF EMPLOYMENT _____

ADDENDUM C

REFERENCE AND OTHER INFORMATION

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

EMERGENCY CONTACT NAME AND PHONE _____

VEHICLE INFORMATION

VEHICLE #1	YEAR	MAKE	MODEL	TAG NO.	STATE
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VEHICLE #2	YEAR	MAKE	MODEL	TAG NO.	STATE
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NOTE: TRAILERS, BOATS AND COMMERCIAL VEHICLES ARE NOT PERMITTED AT ANY TIME. STREET PARKING AND OTHER UNAUTHORIZED PARKING WILL RESULT IN IMMEDIATE TOWING.

PET-INDICATE DOG OR CAT, BREED AND WEIGHT _____
(25 lbs. Limit on dogs)

Applicant represents that all the above information is true and complete and authorizes the verification of same by reasonable means. Applicant authorizes Association and its Management to obtain Applicant's credit bureau reports and other information deemed necessary to process this application. Applicant understands that false or incomplete information given herein may constitute grounds for rejection of this application. Applicant agrees that a full disclosure of all information obtained may be made to the Association and the owner of the property for which applicant has applied.

_____ Signature Applicant	_____ Date	_____ Signature Applicant	_____ Date
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RE: Paragraph 9.04 – DECLARATION OF EASMENTS, COVENANTS, CONDITIONS AND RESTRICTIONS OF SUTTON PLACE INSURANCE ON LOTS

Each owner of a lot shall obtain insurance coverage upon the lot insuring the dwelling unit located thereon in an amount equal to the maximum insurable replacement value, excluding foundation and excavation costs. Such coverage shall afford protection against loss or damage by fire and other hazards covered by a standard extended coverage endorsement, and such other risks as from time to time shall be customarily covered with respect to buildings similar in construction, location and use as the buildings on the land, including but not limited to vandalism and malicious mischief.

The owner shall furnish proof of such insurance to the Association at the time of purchase of a lot and shall furnish proof of renewal of such insurance on each anniversary date thereof. If an owner shall fail to provide such insurance the Association may obtain such insurance and shall assess the owner for the cost of same in accordance with the provisions of this Declaration.

BACKGROUND INFORMATION FORM

DATE: _____

I / We _____, _____, prospectiv
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 (if applicable), 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 (f applicable) 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:	
DRIVERS LICENSE #:		DRIVERS LICENSE #:	
CURRENT ADDRESS:		CURRENT ADDRESS:	
HOW LONG?		HOW LONG?	
PREVIOUS ADDRESS		PREVIOUS ADDRESS	
HOW LONG?		HOW LONG?	
EMPLOYER:		EMPLOYER:	
OCCUPATION:		OCCUPATION:	
LENGTH OF EMPLOYMENT:		LENGTH OF EMPLOYMENT:	
WORK PHONE NUMBER:		WORK PHONE NUMBER:	
HAVE YOU EVER BEEN ARRESTED? (CURCLE ONE) YES NO		HAVE YOU EVER BEEN ARRESTED? (CURCLE ONE) YES NO	
SIGNATURE:		SIGNATURE:	
PHONE NUMBER:		PHONE NUMBER:	

IF THE WRONG SOCIAL SECURITYNUMBER 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 / APARMENT COMPLEXES / MOBILE HOME PARKS / CONCOMINIUM ASSOCIATIONS / EMPLOYERS