

SUTTON PLACE OF TAMPA HOMEOWNERS ASSOCIATION, INC.
APPLICATION FOR PROPOSED UNIT SALE, LEASE OR RENTAL

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 **\$100.00 non-refundable application fee per applicant** payable to *Ameri-tech Community Management*.. Applicants legally married to one another and who intend to jointly own/rent the home need only complete one application with information on both spouses included and need only remit \$150.00 for application fee. Application fee includes \$50 per person charge for credit report. 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: **Ameri-Tech Community Management 24701 US Highway North Suite 102 Clearwater Fl. 33763.** **If 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

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.

ADDENDUM C (PAGE 2)

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

INFORMATION:

SPOUSE / ROOMMATE:

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. - 4:00 p.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