

SPRINGWOOD VILLAS II CONDOMINIUM ASSOCIATION INC
c/o Ameritech Property Management
24701 US Hwy 19 North, Suite 102
Clearwater, FL 33763

Phone (727) 726-8000 Ext. 247 Fax (727) 723-1101

James Myrthil, LCAM

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Application for Sale and Lease

1. Application Fee of \$150 per person or married couple
2. A legible copy of driver's license must accompany this application
3. Copy of sales contract or lease

NOTE: A copy of age verification is required with this application (i.e. Driver's License, Birth Certificate, Florida 1.0., Medicare Card, etc.). The "Housing for Older Persons' Act of 1995, effective 12/28/95, requires that we must have a least one permanent occupant at each villa who is 55 years of age or older to maintain our status as an "Adult Community". Likewise, no person under 21 years of age may permanently occupy our villas.

Property Address: _____ Date: _____

PURCHASE ____ OR RENTAL ____

Applicant Name(s) _____

*Driver's License #(s) and State _____

Present Address: _____

Email Address: _____

Phone No: (____) _____ Own ____ or Rent ____ How Long: ____

Other Addresses in last 2 years:

If rental(s) provide landlord name and number:

Bank Reference:

Bank Contact: _____ Phone No: _____

Personal References: (List at least two (2). Indicate B for Business

1. Name _____ Phone No: (____) _____

Address: _____

2. Name _____ Phone No: (____) _____

Address: _____

3. Name: _____ Phone No: (____) _____

Address: _____

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Current or Last Employer: _____ Phone No. (____) _____

Address: _____ Years of Service: _____

List any of occupants of this unit: _____

Pet Information: (See Rules and Regulations pertaining to Pets) If you have a pet please identify: _____

Vehicle Information: (Two (2) vehicles per unit)

1. Make _____ Color _____ License Plate No. _____

2. Make _____ Color _____ License Plate No. _____

If Purchasing Unit will be used as a home (____) or an Investment (____)

NOTE: A legible copy of the CONTRACT/PURCHASE AGREEMENT must accompany this application.

If Leasing: Length of Lease _____ Starting: _____

NOTE: A legible copy of the Lease agreement must accompany this application.

I/We, the owner(s) of UNIT _____ hereby agree and assign to Springwood Villas II, Inc. the right to contact my tenant and collect directly from my tenant, my tenant's rental payment owed to me, which payment shall be applied to any amount of my maintenance fees. Special assessments, late fees, interest and attorney fees, for which I have become delinquent, to the Association. This assignment shall remain in full force and effect until my delinquent maintenance fees and /or Special Assessments, late fees, interest, and attorney fees are paid in full and any monies that remain after payment of these delinquencies shall be forwarded to me.

NOTE: A minimum lease term of six (6) months is required for occupancy and a legible copy of the Lease Agreement must accompany this application.

Is any person other than the applicant(s) responsible for the maintenance fee along with the applicant? If yes provide the following:

Name _____ SS#: _____

Realtor(s) Name _____ Number: _____

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 _____

SOCW.. SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE#: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES ☐ NO ☐

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES ☐ NO ☐

SIGNATURE: _____

PHONE NUMBER: _____

SPOUSE/ ROOMMATE:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE#: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES ☐ NO ☐

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES ☐ NO ☐

SIGNATURE: _____

PHONE NUMBER: _____

IMPORTANT

Please complete this form and return it to Ameri-Tech with your owner/tenant application. Applications received without this form will not be processed.

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