

SEA ISLAND SOUTH CONDOMINIUM ASSOCIATION

AMERI-TECH COMMUNIUTY MANGEMENT

24701 US HWY 19 N SUITE 102

CLEARWATER, FL 33763

727-726-8000 FAX 727-723-1101

NEW RESIDENTS: This application should be accompanied by a \$100.00 check for the processing fee. Payable by check or money order to Sea Island South IV at least fourteen (14) business days prior to occupancy date. Incomplete forms cannot be processed and will be returned.

CURRENT RESIDENT INFORMATION: UNIT: _____

NAME: _____

LAST FIRST MIDDLE

NAME: _____

LAST FIRST MIDDLE

HOME PHONE # _____ WORK PHONE # _____

CELL PHONE # _____ EMAIL ADDRES: _____

I acknowledge that, as the current owner , it is my responsibility to provide the purchaser with the following:

Initial when provided:

_____ Current set of the Declarations of Condominium, Articles of Incorporation & By-Laws

_____ Current copy of the Rules and Regulations for Sea Island South

_____ Maintenance Payment Coupon Book

_____ Mail Box Key

_____ Pool Area Key

_____ I will provide this completed application to Ameri-Tech with the processing check at least 14 business days before the closing date.

OWNER PRINTED NAME

OWNER SIGNATURE

DATE

NEW RESIDENT INFORMATION:

NAME: _____

LAST FIRST MIDDLE DATE OF BIRTH

NAME: _____

LAST FIRST MIDDLE DATE OF BIRTH

CURRENT ADDRESS: _____

NUMBER STREET CITY STATE ZIP

PHONE: _____

HOME BUSINESS CELL

() OCCUPY / YEAR ROUND () OCCUPY / SEASONAL CLOSING DATE: _____

NAME OF OTHER OCCUPANTS RELATIONSHIP AGE

NAME OF OTHER OCCUPANTS RELATIONSHIP AGE

VEHICLE INFORMATION: ASSIGNED ONE COVERED PARKING SPACE PER UNIT. THERE ARE 5 GUEST PARKING SPACES, FIRST COME FIRST SERVE. ADDITIONAL VEHICLES MAY PARK IN THE DESIGNATED SPACES AFTER REGISTERED WITH THE BOARD

VEHICLE #1 YEAR MAKE COLOR STATE TAG

VEHICLE #2 YEAR MAKE COLOR STATE TAG

EMERGENCY CONTACT: _____

NAME OF PERSON TO BE NOTIFIED: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____ HOME CELL

REALTOR NAME AND COMPANY ADDRESS _____

PHONE # BUSINESS CELL FAX

Buyer hereby acknowledges that he/she has read and examined the Declarations of Condominium the Rules and Regulations contained therein and the By-Laws of the Association and further acknowledges and agrees to abide by each and every term and condition of the same, as well as the Rules and Regulations of the Condominium Association. The undersigned further understands that he/she is directly responsible for any and all actions of family members, guests, employees and agents who are in/on the premises of Sea Island South IV. I/We certify that all the information provided on this application is correct.

SIGNATURES: _____ DATE: _____

SIGNATURES: _____ DATE: _____

THE BOARD COMMITTEE HAS _____ HAS NOT _____

APPROVED THE FOREGOING APPLICATION ON DATE: _____

SECRETARY _____ DATE: _____

PRESIDENT _____ DATE: _____

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 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>TENANT 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