

**EASTWOOD SHORES TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**

C/O Ameri-tech Property Management  
24701 US 19 N. Suite 102  
Clearwater, FL 33763  
PHONE: (727) 726-8000 FAX: (727) 723-1101

**Request for Approval of New Owner/ Renter**

**Note: Only 2 pets allowed, not exceeding 20lbs. each at maturity**

**NEW RESIDENT:** This application should be completed at least 10 business days prior to new occupancy date and accompanied with a \$100.00 check payable to Eastwood Shores Townhomes. Incomplete forms cannot be processed and will be returned.

**CURRENT OWNER INFORMATION:** Address: \_\_\_\_\_ Unit # \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First

**Name:** \_\_\_\_\_  
Last First

**Home Phone #:** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

I acknowledge that, as the current owner, it's my responsibility to provide the purchaser/ renter with the following:

Initial when provided:

\_\_\_\_\_ Current set of the Declaration of Condominium, Articles of Incorporation & By-Laws (Owner only)

\_\_\_\_\_ Current copy of the Rules and Regulations (Renters should get this)

\_\_\_\_\_ Maintenance Payment Coupon Book (Owner only)

\_\_\_\_\_ Mail box key

\_\_\_\_\_ Pool area key

\_\_\_\_\_ I will provide this completed application to Ameri-Tech at least 10 business days before the sale closing date or lease date.

**NEW OWNER / RENTER INFORMATION:**

**Name:** \_\_\_\_\_  
Last First

**Phone:** \_\_\_\_\_  
Home Business Cell

**Name:** \_\_\_\_\_  
Last First

**Phone:** \_\_\_\_\_  
Home Business Cell

(Owner)Closing Date: \_\_\_\_\_ (Renter)Lease Term: \_\_\_\_\_

Personal References #1 Name/Phone(s): \_\_\_\_\_

#2 Name/Phone(s): \_\_\_\_\_

Renter(s) current resident: \_\_\_\_\_

Manager or owner contact information: \_\_\_\_\_

Phone: \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

Does the Emergency contact have a key to your unit: Yes \_\_\_\_\_ No \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #'s (Home/Biz/Cell): \_\_\_\_\_

**REALTOR / Rental Agent's Name** \_\_\_\_\_

Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Vehicle #1 Year Make Color State Tag #

\_\_\_\_\_

Vehicle #2 Year Make Color State Tag #

\_\_\_\_\_

Pet(s) \_\_\_\_\_ Weight \_\_\_\_\_ Breed: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

Does the Emergency contact have a key to your unit: Yes \_\_\_\_\_ No \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #'s (Home/Biz/Cell): \_\_\_\_\_

REALTOR / Rental Agent's Name \_\_\_\_\_

Phone # \_\_\_\_\_ FAX \_\_\_\_\_

Buyer / Renter hereby acknowledges that he/she has read and examined the Declaration 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 & 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 Eastwood Shores Townhomes. I/We certify that all the information provided on this application is correct.

Signature of Owner / Renter \_\_\_\_\_ Date: \_\_\_\_\_  
(Circle owner or renter)

Signature of Owner / Renter \_\_\_\_\_ Date: \_\_\_\_\_  
(Circle owner or renter)

The Board Committee has \_\_\_\_\_ has not \_\_\_\_\_ approved the foregoing application on \_\_\_\_\_  
(Date)

BOD/Committee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

BOD/Committee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Note Comments/Questions: \_\_\_\_\_

\_\_\_\_\_

Date Faxed to Ameri-tech when completed by Board member: \_\_\_\_\_

Board Member to Retain copy for Board Records

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: _____		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: _____	

<p><b>TENANT CHECK HOURS OF OPERATION:</b>  <b>MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.</b>  <b>SATURDAY : 11:00 a.m. - 4:00p.m.</b>  <small>ALL ORDERS RECEIVED AFTER 5:00 p.m. (3:30 p.m. on Sat) WILL BE PROCESSED THE NEXT BUSINESS DAY</small></p> <p><b>TENANT CHECK FAX #: (727) 942-6843</b></p>	<p><b>IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.</b></p> <p><small>A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS</small></p>
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