

HARBOR PLACE AT SAFETY HARBOR CONDOMINIUMS

PURCHASE/LEASE APPLICATION

INSTRUCTIONS

The Purchase/Lease application must be filled out completely. Sections which do not apply should be filled in with an 'N/A'. Application must be signed by all applicants, occupants over the age of 18, and the current Unit Owner (or agent). Incomplete forms may be returned or refused.

Applications must be submitted a minimum of 15 days prior to the move-in or closing date. While applications are generally processed quickly, it may take up to 15 days to process. Occupancy prior to Board approval is strictly prohibited; failure to allow enough time for processing may result in your move-in/closing date needing to be postponed.

The entire lease application package, including the items listed in a/b/c below, shall be mailed to:
Ameri-Tech Community Management, 24701 US Highway 19 N. Suite 102 Clearwater, FL 33763 OR emailed to:
jkidd@ameritechmail.com

Completed application shall be submitted in accordance with the following:

- a. A check or money order, made payable to the association, shall be included for the processing of the application. The fee amount is \$150 per applicant (Husband and Wife are considered one. The fee is non-refundable regardless of approval.
- b. A copy of each applicant/occupant's legal ID shall be provided
- c. A copy of the sales contract/lease shall be provided

PROPERTY INFORMATION

Date: _____ This application is for (circle one): PURCHASE LEASE

Property Address: _____

Current Owner Name: _____ Phone #: _____

Property Management Company (if applicable): _____

Property Management Contact: _____ Phone #: _____

Owner or Property Management Email: _____

Term of Lease: _____ Planned Move-in Date: __/__/____

APPLICANT INFORMATION

I (we) will be: A Permanent Resident _____ A Part-Time Resident ____ Renting the Unit ____

Applicant Name: _____ Social Security# _____ Date of Birth: _____ Current Address: _____ _____ Home Phone #: _____ Cell Phone: _____ Email: _____ Current Employer: _____ Employed for _____ how _____ long: ____ Work Phone/Employer Phone: _____	Co-Applicant Name: _____ Social Security Number: _____ Date of Birth : _____ Current Address : _____ _____ Home Phone #: _____ Cell Phone: _____ Email: _____ Current Employer: _____ Employed for _____ how _____ long: ____ Work Phone/Employer Phone: _____
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ADDITIONAL OCCUPANTS

(Provide Social Security number if occupant is age 18 or older)

<u>RELATIONSHIP</u>	<u>AGE & DOB</u>	<u>SOCIAL SECURITY#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL APPLICANT INFORMATION

Emergency Contact

(Name) (Relationship) (Phone#)

Pets to occupy unit? Yes No

If yes, provide the following: Type: _____ Breed: _____ Color/Markings: _____ Weight: ____ _

Automobiles

Vehicle #1	Vehicle#2
Year: ____ Make: _ Model: _____ Color: _ _____ Tag #: _____ State: _____	Year: ____ Make: _ Model: _____ Color: _____ _____ Tag #: _____ State: _____

ACKNOWLEDGEMENTS & AUTHORIZATIONS

By signing below, applicants agree that the Board of Directors and/or its agent may institute investigation of criminal background and credit history for each applicant over the age of 18. Accordingly, applicants specifically authorize the Board and/or its agent to make such an investigation and agree to the information contained in this and the attached application may be used for that purpose only. The Board of Directors and their agent will be held harmless from any action or claim by applicants in connection with the use of the information contained herein.

By signing below, I agree for myself and on behalf of any persons who may use or occupy the Condominium Unit, that I will abide by all restrictions as provided in the Governing Documents and Rules and Regulations which are in force at present time, or may be imposed in the future by the Association.

By signing below, applicants attest to have received the following:

1. Harbor Place at Safety Harbor Condos Declaration of Restrictions
2. Harbor Place at Safety Harbor Condos Rules and Regulations
3. Harbor Place at Safety Harbor Condos By-Laws
4. Harbor Place at Safety Harbor Condos Articles of Incorporation

By signing below, applicants acknowledge and understand that the acceptance for purchase or lease of a unit at Harbor Oaks Place is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms may result in the automatic rejection of this application.

WE the owners of The Unit#_____, hereby assign all rights that we have as owners and landlords to The Harbor Oaks Place, Inc., for the purpose or purposes of evicting any tenant or guest that we may have utilizing my unit for violations of any rules, regulations, covenants and restrictions. We hereby assign all rights as may exist to the association for the right of eviction as may be found within the Florida Landlord Tenant Law, including the right to collect attorney fees and costs.

_____	_____	_____	_____
(Applicant Signature)	(Date)	(Owner/Agent Signature)	(Date)

_____	_____
(Applicant Signature)	(Date)

Sale approval to be sent to (Agent/ Buyer) at:

_____ Phone# _____

Name & Address of Real Estate Company, Title Company or Other:

_____ Email: _____

**HARBOR PLACE AT
SAFETY HARBOR CONDO**

Date_____

Resident Information Form

IM/e _____ . per-
spective Resident(s)/Buyer(s) for the property located at _____

Managed By: **Amerl-Tech Community Management, Inc.** OWNED BY: _____

Phone#:(__)_____

Owner/Resident Information

Single ____ Married

Social Security # _____

Full Name _____

Date of Birth _____

Driver's License # _____ ST _____

Current Address _____

How Long? _____

Landlord & Phone# _____

Previous Address _____

How Long? _____

Employer: _____

Occupation _____

Gross Monthly Income \$ _____

Length of Employment _____

Work Phone#(__) _____

Have you ever been Arrested? _Yes _No

Have you ever been Evicted? _Yes _No

SIGNATURE

Phone#:(__) _____

Spouse/Roommate

Single ____ Married

Social Security # _____

Full Name _____

Date of Birth _____

Driver's License # _____ ST _____

Current Address _____

How Long? _____

Landlord & Phone# _____

Previous Address _____

How Long? _____

Employer: _____

Occupation _____

Gross Monthly Income \$ _____

Length of Employment _____

Work Phone#(__) _____

Have you ever been Arrested? _Yes _No

Have you ever been Evicted? _Yes _No

SIGNATURE

Phone#: (__) _____