Royal Pines Condominium Association Inc.
C/O Ameri-tech Property Management
Phone (727)726-8000 Fax (727)723-1101
Request for Approval of New/Owner/ Renter
Note: No Pets Allowed

New Resident: This application should be completed at least 10 business days prior to new occupancy and accompanied with a $50.00 check payable to Royal Pines. Also include a copy of the sales contract. Incomplete forms cannot be processed and will be returned.

Date: _____ **Bldg. /Unit:** _____

Current Owner Information:

Name: _____
Last First

Name: _____
Last First

Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail _____

A. Purchaser(s)/Renter(s) represent that the following information is true and correct and consent to further inquiry and investigation concerning this information or any information which comes from that inquiry necessary for approval of this request. 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 Royal Pines Condominiums.

B. The applicant agrees to authorize the Association to investigate the credit of the applicant by and through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom the applicant is acquainted. This investigation may include obtaining information as to the applicant's credit capacity, general credit reputation, character, personal characteristics and mode of living, whichever may be applicable, to report to proper persons and Bureaus, applicant's performance under this agreement.

C. This approval is subject to all financial obligations to the Association including but not limited to maintenance fees, late charges, special assessments, legal fees and application fees having been paid in full or which will be paid by Closing Agent at the time of this sale.

D. I acknowledge that, as the current owner, it is my responsibility to provide the purchaser/renter with the following: (initial that this has been provided):

_____Current Set of the Declaration of Condominium, Articles of Incorporation and By-Laws (Owner only)
_____Current copy of the Rules and Regulations (Renters should get this)
_____Have read, understood, and agree to abide by all the conditions and terms therein, and all reasonable rules and regulations enacted hereafter officially by the Association
_____Maintenance Payment Coupon Book (Owners only)
_____Mail box key
_____Pool area key
_____I will provide this completed application to Ameri-tech at least 10 days before the sale closing date or lease date.

E. Is the unit to be leased? YES_____NO_____. If the unit is to be leased, the owner agrees to supply the Board of Directors with a copy of the lease prior to occupancy.

F. NO OWNER SHALL ENTER INTO A LEASE/RENTAL AGREEMENT OR OTHER SIMILAR CONVEYANCE OF USE DURING THE FIRST YEAR OF OWNERSHIP OF THAT UNIT. (Amendment of the Declaration of Condominium and By-Laws recorded April 28th, 1999 – Section 18, (q).)

Royal Pines Condominium Association Inc.

G. New Owner/Renter Information: Please Print

Name _____ **D.O.B** _____
Last First
Home Phone: _____ Cell Phone: _____ SS# _____
E-mail _____

Name _____ **D.O.B.** _____
Last First
Home Phone: _____ Cell Phone: _____ SS# _____
E-mail _____

Name _____ **D.O.B.** _____
Last First
Home Phone: _____ Cell Phone: _____ SS# _____
E-mail _____

Name _____ **D.O.B.** _____
Last First
Home Phone: _____ Cell Phone: _____ SS# _____
E-mail _____

H. Realtor/Rental Agent's Name

_____
Phone #: _____ Fax #: _____
E-mail _____

(Owner)Closing date: _____
(Renter)Lease Term: _____

I. Purchaser(s)/Tenant(s) present address: _____
_____

Previous address: _____
Previous address: _____

J. Vehicle Information; (Owners/Tenants must submit application for vehicle decals)

Vehicle # 1 – Year Make/Model Color State Tag #

_____

Vehicle # 2 – Year Make/Model Color State Tag #

_____

K. Auto Insurance Company

_____

A PHOTOCOPY OF PROOF OF AUTO INSURANCE MUST ACCOMPANY THIS APPLICATION.

L. Driver's License # _____

Royal Pines Condominium Association Inc.

M. Emergency Contact

Name of person to be notified: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

N. Present Employer _____

Address _____
Address City/State Zip Code
Supervisor – Name and Phone _____

O. References:

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

P. PETS ARE NOT PERMITTED.

Q. Maximum occupancy for 1 bedroom unit is 2 people, 2 bedroom unit is 4 people.

R. The Board of Directors must provide written approval of all rental applications. Appropriate forms must be obtained from the Management Company and received at least ten (10) days prior to occupancy and/or the storage of tenant's belongings. The Board of Directors will review a Lease Application every three (3) months (Quarterly). The right to conduct a personal interview of each and every applicant is reserved by the Board of Directors. If the tenant is found not to have abided by the Rules and Regulations, the Board of Directors reserves the right to Disapprove Continuance of the Lease. Upon Disapproval of a Lease, the Owner will have thirty (30) days to have the tenant vacate the unit. Any exception to this policy must be made in writing by the Board of Directors. Leases must be for a minimum of three (3) month with no more than three (3) leases permitted in any one (1) calendar year. Failure to follow this procedure will result in a $50.00 fine assessed to the unit Owner. Each subsequent week of violation will result in an additional $50.00 fine assessed to the unit Owner. (Amendment to the Declaration of Condominium recorded June 1985 – Article 18, Section (q).)

_____ _____
Seller/Landlord - PRINT NAME Purchaser/Tenant – PRINT NAME

_____ _____
Seller/Landlord – SIGNATURE Purchaser/Tenant – SIGNATURE

****

FOR OFFICE USE ONLY / APPROVAL OF PURCHASE/TENANT

The Board of Directors has_____has not_____approved the for going application for

Purchase/lease of Unit #_____ at Royal Pines Condominium this date_____

And does hereby confirm the same by this document.

Authorized Signature_____Print Name_____

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

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. - 4:00p.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.

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