

Sunfish Bay Condominium Association, Inc.

A Deed Restricted Community

APPLICATION TO PURCHASE

Note: Application must be submitted 21 days prior to occupancy for Board approval

A background check is required of all applicants

\$150.00 APPLICATION FEE

Note: There is a (1) one year waiting period for owners to rent out the unit after purchase.

PLEASE PRINT CLEARLY

Property to be Purchased: _____ Closing Date: _____

Current Owner: _____ Home Tele #: _____

Current Owner's Address if Different: _____

Cell/Work Tele: _____

Personal Data of Purchaser(s) Name(s):

(1) _____ Phone Contact No. _____

(2) _____ Phone Contact No. _____

Present Address: _____

Email Address: _____

Employment: Name and Address: _____

Telephone # _____

Other Adults Living in Unit:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Children To Live in Unit:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

If you have previously resided at Sunfish Bay, list address: _____

Pet Information: (Maximum two pets per unit)

Type of Animal: _____ Breed: _____ Weight: _____

Type of Animal: _____ Breed: _____ Weight: _____

Vehicle Information:

Tag # _____ Make/Model _____ Year: _____

Tag # _____ Make/Model _____ Year: _____

(No boats, trailers, campers, commercial vehicles, buses, motor homes, or mobile homes are permitted on property overnight.)

Purchase Date: _____ Price Paid for Unit: \$ _____

Realtor: _____ Telephone: _____

Address _____

(If Realtor is not involved, please list name, etc. of person handling closing:

Attorney (if applicable): _____

Title Company, Etc. _____

Purchaser - Do you intend to:

Live in Unit Annually: _____ Live in Unit Semi-annually: _____ Lease Unit: _____ Lease is to be written for entire dwelling and not just a portion thereof and for a term of not less than twelve (12) months. If the unit purchased is to be leased, the owner must submit an application for lease and obtain written Board approval 21 days prior to the finalization of the lease.

Signature(s) _____

(At end of Lease, If lease is renewed, Please Notify Jenny Kidd. Contact Info Below.)

If you plan to reside in Sunfish Bay only part of the year, we may need to contact you with Sunfish Bay business while you are living off-property.

List other address: _____

_____ E-mail: _____

Telephone Number: _____ Cell # _____

Documents and Agreement (A background check is required of all applicants)

I understand that Sunfish Bay is a deed-restricted community and I agree to abide by the documents and Rules and Regulations.

I have received _____ have not _____ received a copy of the Official Documents of the Condominium Association.

Signature: _____

Purchaser automatically becomes a member of the Association. All fees and assessments by the Association are due and payable the first of each month in advance, payable to the designated payee. Delinquent fees are subject to a lien on property.

The current monthly maintenance fee is: \$ _____

Mail Completed Applications for Board Approval to:

Angela Johnson, LCAM Telephone: (727) 726-8000 ext. 353 or FAX: (727) 723-1101
Ameri-Tech Property Management Partners, LLC
24701 U.S. Highway 19 North, Suite 102
Clearwater, FL 33763

Signed Copy of Sunfish Bay Board of Directors Approval for Sale to be mailed to:

Title Company: _____ Realtor: _____

Homeowner: _____

Application Approved By: _____ Date: _____

Angela Johnson, LCAM, Acting as Agent for Sunfish Bay Condominium Association, Inc.

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:

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: _____

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