

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 Data: 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:

Jenny Kidd, LCAM Telephone: (727) 726-8000 ext. 247 FAX: (727) 723-1101

Ameri-Tech Property Management, Inc.

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: \_\_\_\_\_

Jenny Kidd, 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:**

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

LANDLORD &amp; PHONE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

GROSS MONTHLY INCOME: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED?  
(CIRCLE ONE)      YES      NOHAVE YOU EVER BEEN EVICTED?  
(CIRCLE ONE)      YES      NO**SIGNATURE:** \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**SPOUSE / ROOMMATE:**

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

LANDLORD &amp; PHONE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

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(CIRCLE ONE)      YES      NOHAVE YOU EVER BEEN EVICTED?  
(CIRCLE ONE)      YES      NO**SIGNATURE:** \_\_\_\_\_

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