

Sunfish Bay Condominium Association, Inc.
A Deed Restricted Community

Application for Lease

Lease Minimum of 12 Months

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

PLEASE PRINT CLEARLY

Property to be Leased: _____ Lease Date: From _____ To _____

Owner's Name: _____

Owner's Address: _____

Owner's Email Address: _____

Owner's Home Tele #: _____ Cell/Work Tele: _____

Personal Data of Lessee: Names:

(1) _____ Phone Contact No. _____

(2) _____ Phone Contact No. _____

Present Address: _____

Email Address: _____

Home Telephone: _____ Cell/Work: _____

Employment: NAME AND ADDRESS: _____

Other Adults To Live 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, please 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.)

Lease Data: *There is a minimum written lease of twelve months. The lease is to be written for the entire unit and not just a portion thereof.*

Realtor: _____ Telephone: _____

Address: _____

A copy of the lease agreement is to be attached to this application.

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

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

Signature: _____

Signature: _____

I have received ___ have not ___ received a copy of the Rules and Regulations of the community.

Completed Applications for Board Approval should be Sent to:

Jenny Kidd, LCAM
Ameri-Tech Property Management, Inc.
24701 U.S. Highway 19 North, Suite 102
Clearwater, FL 33763

Telephone: (727) 726-8000 x247 FAX: (727) 723-1101

Name and Address of Homeowner or Real Estate Agent to whom Approved Application is to be Mailed:

Homeowner/Agent: _____

Address: _____

Telephone: _____

Application Approved By: _____ Date: _____

Jenny Kidd, LCAM, Acting as Agent for Sunfish Bay Condominium Association

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORMI / 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 & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE 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 & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE 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