

**The Residences at Harbour Pointe West  
Condo Association, Inc.**

Ameri-Tech Community Management Inc.  
24701 US Highway 19 N Suite 102  
Clearwater, FL 33763

Ph: 727-726-8000

**Sale Application**

This application must be submitted along with a non-refundable processing fee of \$150.00 per applicant "with a husband and wife or parent and dependent child being considered a single applicant", and each additional adult over 18 must submit an additional \$150 processing fee (payable to " **The Residences at Harbour Pointe West Condo Association, Inc.**") to the Board of Directors via at least 30 days prior to the sale of any unit. New owners may not move into **The Residences at Harbour Pointe West Condo Association, Inc.** without prior written approval of the board of directors. **A copy of applicant(s) driver's license must be attached to this application.**

**ALL INFORMATION MUST BE COMPLETED IN FULL TO VALIDATE APPLICATION.**

**The Residences at Harbour Pointe West Condo Association, Inc.** Unit Address: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Mailing/Residential Address (if different from above): \_\_\_\_\_

New Owner's Legal Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Ph#: \_\_\_\_\_ Years: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_ Mortgage Company Ph#: \_\_\_\_\_

Co-Owner's Legal Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Ph#: \_\_\_\_\_ Years: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Please list other occupants of the unit below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Do you have a pet? If yes, what kind/breed? \_\_\_\_\_

**The Residences at Harbour Pointe West Condo Association, Inc. Sale Application (continued)**

Number of vehicles owned or used by all occupants: \_\_\_\_\_ (please list complete information below)

Vehicle Year/Make/Model/Color: \_\_\_\_\_ Vehicle Plate#: \_\_\_\_\_

Vehicle Year/Make/Model/Color: \_\_\_\_\_ Vehicle Plate#: \_\_\_\_\_

Residential History: \_\_\_\_\_

Present Address: \_\_\_\_\_ Years at address: \_\_\_\_\_

Landlord/Mortgage Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Years at address: \_\_\_\_\_

Landlord/Mortgage Company: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please list (3) credit references (Credit Cards, Auto Loans, Bank Accounts):

Account Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Institution Ph#: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Institution Ph#: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Institution Ph#: \_\_\_\_\_

Emergency Contact:

Name/Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

1. Have you even been convicted of a crime or entered a no contest plea or guilty plea to a crime which resulted in your classification as a sexual predator or a sexual offender or similar laws of this or any other state, territory or country? If Yes, explain: \_\_\_\_\_
2. Have you even been convicted or entered a guilty or no contest plea to any crime which has resulted in the requirement that you register with a government agency? If Yes, explain: \_\_\_\_\_

**Use Only**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reviewed By: Official \_\_\_\_\_ Date: \_\_\_\_\_

**The Residences at Harbour Pointe West Condo Association, Inc.**

The undersigned unit owner(s) hereby certify that the above information is true and correct and understand that, if any information is found to be false, the unit owner(s) may be forced to sell the unit and will be required to move from the community. The unit owner(s) acknowledge receipt of the rules and regulations and governing documents of the association and agree to abide by these rules. The unit owner(s) agree that the condominium association or its agents may investigate the information contained on this application and the unit owner(s) authorize previous or present landlords and creditors to furnish information to that association or its agents. The unit owner(s) understand that

Association Data Management will obtain a financial report from a reporting agency as well as a background check.

Witness \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF PINELLAS

I HEREBY CERTIFY THAT on this day personally appeared before me the person(s) whose signature appears above, to me well known to be the person described in and who executed the foregoing, and acknowledged before that \_\_\_\_\_ executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have set my hand and affixed my seal at \_\_\_\_\_ said County and State, the day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_

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**

<u>INFORMATION:</u>		<u>SPOUSE / ROOMMATE:</u>	
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