

PARKWOOD SQUARE BUILDING A, A CONDOMINIUM  
SALE/LEASE APPLICATION

Applications **MUST** allow up to Fifteen (15) days for processing and review.

All Applications **MUST** be submitted to  
AMERITECH COMMUNITY MANAGEMENT  
Along with your **NON-Refundable \$100.00 Application Fee.**

Please make all Checks or Money Orders payable to  
PARKWOOD SQUARE BUILDING A  
No application will be processed without the Application fee.

If this is a Lease, please attach a copy of the lease  
to this Application. If this is a Sale a copy of the  
Sales Contract is also needed.

\* **Please provide a copy of your driver's license or a photo ID card**

Upon Receipt of application and application fee, a background check will be ordered. Upon Receipt of the findings from the background check. An appointment will be made by the  
Welcome Committee.  
This meeting **MUST** be held **BEFORE THE CLOSING.**

**PARKWOOD SQUARE BUILDING A, APPLICATION FOR APPROVAL OF SALE OR LEASE**

DATE: \_\_\_\_\_ CLOSING AGENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

UNIT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

( ) Application - Sale or Transfer      Date of Closing: \_\_\_\_\_

( ) Application - Lease      Term of Lease: From \_\_\_\_\_ to \_\_\_\_\_

PLEASE PRINT AND FURNISH STREET ADDRESSES, INCLUDING ZIP CODES:

1. Name(s) and address of Seller, Transferor or Lessor:  
\_\_\_\_\_  
\_\_\_\_\_

2. Name(s) of Purchaser, Transferee or Lessee:  
\_\_\_\_\_  
\_\_\_\_\_

3. Please provide Date of Birth of Purchaser, Transferee or Lessee:  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of Spouse with Date of Birth:  
\_\_\_\_\_

5. Occupation: \_\_\_\_\_

6. Home Address: \_\_\_\_\_

7. Number of Children with ages: \_\_\_\_\_

8. Pets (Describe including weight): \_\_\_\_\_

9. Names of all persons who will occupy this unit:  
\_\_\_\_\_  
\_\_\_\_\_

10. Relationship of each to applicant:  
\_\_\_\_\_  
\_\_\_\_\_

11. Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**COMPLETE ON APPLICATION FOR APPROVAL OF LEASE ONLY**

**LEASE TO BE FOR A MINIMUM OF 1 YEAR**

12. Last Address: \_\_\_\_\_

Name of Landlord (if rental property) : \_\_\_\_\_

Phone Number: \_\_\_\_\_

Length of Stay: From: \_\_\_\_\_ to: \_\_\_\_\_

Next to last address: \_\_\_\_\_

Name of Landlord (if rental property): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Length of Stay: From: \_\_\_\_\_ to \_\_\_\_\_

**PARKWOOD SQUARE BUILDING A**  
**APPLICATION FOR APPROVAL OF SALE OR LEASE**

**13. BANK REFERENCE:** \_\_\_\_\_

This Application is submitted by the undersigned applicant who hereby consents to such inquiry concerning himself and family as the Association deems necessary. The undersigned applicant affirms that he or she has read the foregoing and agrees to observe and abide by the PARKWOOD SQUARE BUILDING A. Rules and Regulations, Declaration of Condominium, Bylaws and Land Lease, receipt of copies of which are hereby acknowledged by applicant.

The above information is true and accurate to the best of my knowledge and is provided to PARKWOOD SQUARE BUILDING A. with the full knowledge that the Association may investigate any information so provided. It is also understood that should the application not be completely or accurately filled out and properly signed, it may be returned not processed and not approved. FALSIFICATION CONTAINED HEREIN WILL RESULT IN IMMEDIATE REJECTION. IM/E CERTIFY THAT HAVE BEEN PROVIDED WITH, HAVE READ, UNDERSTAND, AND PLEDGE COMPLIANCE WITH THE DOCUMENTS OF PARKWOOD SQUARE VILLAS CONDOMINIUM, INC. A COUPON BOOK SHOULD BE TRANSFERRED TO THE NEW OWNER UPON CLOSING. A BACKGROUND/CREDIT CHECK WILL BE PERFORMED BEFORE ANY APPROVALS.

SIGNATURE: \_\_\_\_\_

(Applicant)

SIGNATURE: \_\_\_\_\_

(Seller, Transferor, or Lessor)

SIGNATURE: \_\_\_\_\_

(Real Estate Agent)

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

**PARKWOOD SQUARE BUILDING A** \_\_\_\_\_

By: \_\_\_\_\_

Please allow a minimum of fifteen (15) days for processing. If approved, and Approval of Application will be mailed to the Seller, Transferor, Lessor or real estate agent at the above address.

Please send your completed application and copy of sales contract to:

**AMERITECH COMMUNITY MANAGEMENT**  
**6415 1<sup>st</sup> Avenue South**  
**Saint Petersburg, FL 33707**

**An application fee of \$100.00 must be submitted with this form.**

DATE \_\_\_\_\_

CUSTOMER NUMBER 2325 - AMERI-TECH

### 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: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**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