

A Florida Not-For-Profit Corporation & 55-years and older Community  
**VILLAGE ON THE GREEN CONDOMINIUM III ASSOCIATION, INC.**

**PURCHASE/LEASE/CO-RESIDENT APPROVAL APPLICATION**

NOTE: A \$100.00 NON-REFUNDABLE FEE CENSUS FORM w/PHOTO and COPY OF SALES CONTRACT OR LEASE AGREEMENT MUST ACCOMPANY THIS APPLICATION PRIOR TO ITS CONSIDERATION FOR APPROVAL.

This application is for: SALE \_\_\_\_\_ LEASE \_\_\_\_\_ CO-RESIDENT \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_ Clearwater, FL 33763

NAME OF PRESENT OWNER(S): \_\_\_\_\_

MAILING ADDRESS OF OWNER(S): \_\_\_\_\_

PERSONAL DATA OF PURCHASER(S), LESSEE(S) OR CO-RESIDENT(S) **SEPARATE APPLICATION AND FEE IS REQUIRED FOR OTHER THAN SPOUSE AND BONA FIDE DEPENDANT.**

NAME: \_\_\_\_\_ BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PHONE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ VEHICLE #1: \_\_\_\_\_

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

NAME: \_\_\_\_\_ BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PHONE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ VEHICLE #1: \_\_\_\_\_

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

CURRENT ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

**PURCHASER(S):** MORTGAGEE: \_\_\_\_\_ PHONE: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

**LESSEE'S FORMER LANDLORD ADDRESS/PHONE:** \_\_\_\_\_

**PURCHASER(S)/LESSEE(S): (if retired, prior employment)**

CURRENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

FORMER EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

**ANY OTHER PERSON(S) THAT WILL OCCUPY UNIT FOR MORE THAN 3 WEEKS DURING A 6 MONTH PERIOD, OR 6 WEEKS DURING A YEAR PERIOD, MUST COMPLETE A SEPARATE APPLICATION.**

**HAVE YOU EVER BEEN EVICTED?** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?** \_\_\_\_\_

**HAVE YOU EVER BEEN IN LITIGATION WITH LANDLORD OR CONDOMINIUM ASSOCIATION?** \_\_\_\_\_

**IF YES, PROVIDE DETAILS AS TO DATE, LOCATION AND OTHER PERTINENT INFORMATION** \_\_\_\_\_

**NAME OF REAL ESTATE AGENT OR PERSON HANDLING TRANSACTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

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**PURCHASER(S) ONLY:** PURCHASER(S) UNDERSTANDS THAT SHE/HE/THEY WILL AUTOMATICALLY BECOME A MEMBER OF THE CONDOMINIUM ASSOCIATION AND THAT ALL DULY ENACTED ASSESSMENTS OF THE ASSOCIATION ARE DUE AND PAYABLE AS ENACTED AND IF UNPAID, ARE SUBJECT TO A *CLAIM OF LIEN* TO BE PLACED UPON THE UNIT: \_\_\_\_\_  
\_\_\_\_\_(Initial)

**PURCHASER(S) & LESSEE(S):** AUTHORIZE THE ASSOCIATION OR MANAGING AGENT TO SECURE CREDIT AND ANY OTHER INFORMATION DEEMED NECESSARY IN APPROVING THIS APPLICATION. \_\_\_\_\_(Initial)

**PURCHASER(S)** HAS/HAVE RECEIVED THE FOLLOWING: DECLARATION: \_\_\_\_\_  
BY-LAWS: \_\_\_\_\_; ARTICLES OF INCORPORATION: \_\_\_\_\_  
CURRENT BUDGET: \_\_\_\_\_

**PURCHASER(S)** HAS/HAVE READ THE ABOVE STATED DOCUMENTS AND AFFIRM THAT SHE/HE/THEY WILL ABIDE BY ALL CONDITIONS AND TERMS OF SAID DOCUMENTS AS NOW ENACTED OR WILL BE DULY ENACTED OR AMENDED IN THE FUTURE: \_\_\_\_\_

**LESSEE(S)** HAVE RECEIVED AND READ THE RULES & REGULATIONS AND AFFIRM THAT SHE/HE/THEY WILL ABIDE BY ALL THE CONDITIONS AND TERMS OF SAID RULES AND REGULATIONS AS NOW ENACTED OR WILL BE DULY ENACTED IN THE FUTURE: \_\_\_\_\_

PROPOSED MOVE IN DATE: \_\_\_\_\_, IF LEASE, EXPIRATION DATE: \_\_\_\_\_  
NO LEASE SHALL BE FOR LESS THAN ONE (1) YEAR PERIOD.

**APPLICANT(S) SIGNATURE(S):**

\_\_\_\_\_  
DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_  
\_\_\_\_\_  
DATE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

**DELIVER OR MAIL TO:**

Dianne Alcala, LCAM, CMCA  
Ameri-Tech Community Management Partners, LLC.  
24701 US Highway 19 North, Suite 102  
Clearwater, FL 33763

**AN INTERVIEW BY THE BOARD OF DIRECTORS MUST BE COMPLETED PRIOR TO APPROVAL OF THIS APPLICATION AND BEFORE CLOSING OF SALE OR LEASE.**

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

|                     |                |                    |               |
|---------------------|----------------|--------------------|---------------|
| _____<br>PRINT NAME | _____<br>TITLE | _____<br>SIGNATURE | _____<br>DATE |
| _____<br>PRINT NAME | _____<br>TITLE | _____<br>SIGNATURE | _____<br>DATE |
| _____<br>PRINT NAME | _____<br>TITLE | _____<br>SIGNATURE | _____<br>DATE |

*A Florida Not-For-Profit Corporation & 55-years and Older Community*  
**VILLAGE ON THE GREEN**  
**CONDOMINIUM III ASSOCIATION, INC.**  
**FAIR HOUSING ACT – CENSUS**

I/We am/are the permanent occupant of \_\_\_\_\_  
Clearwater, Florida 33763, in Village on the Green Condominium III Association, Inc.

We understand that the Association is required by Federal Law to have this census form completed and on file in the official records of the Association to continue to qualify for the Housing of Older Persons Exemption to the Federal Fair Housing Amendments Act of 1988, and the Housing for Older Persons Act of 1995, in order to maintain our retirement community lifestyle and continue to prevent persons under the age of 18-years of age from permanently residing in our community. (Viewing of this form is limited, by law, to the properly authorized persons or agencies.)

The following information is true and correct:

- a. As of the date shown on this affidavit, there was (in case of a sale or lease, will be) at least one (1) person occupying my unit who was age 55 or over.

Yes \_\_\_\_\_ No \_\_\_\_\_

- b. Has the occupancy of this unit changed since September 12, 1988?

Yes \_\_\_\_\_ No \_\_\_\_\_

- c. Please identify the occupant(s) who is/are over 55 years of age:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

- d. Please identify all occupant(s):

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

We have provided one of the following showing proof of age for all occupants, and a copy of this/these Document(s) is/are attached hereto for the Association's records: (check form being provided for proof of Age)

\_\_\_\_(1) Birth Certificate \_\_\_\_\_

\_\_\_\_(2) Driver's License No. \_\_\_\_\_

\_\_\_\_(3) Medicare Card No. \_\_\_\_\_

\_\_\_\_(4) Voter's Registration \_\_\_\_\_

\_\_\_\_(5) Other (specify) \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(person providing information)

Print Name of Affiant \_\_\_\_\_