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 APPLICATON 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:**_____

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

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 BEPLACED 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_____

PRINT NAME	TITLE	SIGNATURE	DATE
PRINT NAME	TITLE	SIGNATURE	DATE
PRINT NAME	TITLE	SIGNATURE	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 _____

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:	**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:

TENANT CHECK HOURS OF OPERATION:
MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.
SATURDAY : 11:00 a.m. - 4:00p.m.
ALL ORDERS RECEIVED AFTER 3:00 p.m. (2:00 p.m. on Sat.)WILL BE PROCESSED THE NEXT BUSINESS DAY

email@tenantcheckllc.com

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

FEDERAL LAW REQUIRES THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS (tenant check application rev. 03/2015)