333 Island Way Condominium Association, Inc.
Application for Sale / Lease

Application fee of $100.00 for all Sales and Leases, checks should be made payable to 333 Island Way Condominium Association, Inc. Please provide a copy of the purchase contract / or lease agreement.

Date: _____

I / We, _____

The prospective Buyer(s) / tenant(s) for Unit_____at 333 Island Wan Condo. Association, Inc. that is currently owned by_____hereby allow TENANT CHECK, and / or the property owner/manager to inquire into my/our credit file, criminal, and civil history to obtain information. I/We understand that on my/our credit file it will appear that TENANT CHECK has made an inquiry. I/We cannot claim any invasion of privacy against them now or in the future.

Signature_____Signature_____

Applicant's Information

Full Name_____

SSN:_____Birth Date:_____

Driver License:_____Telephone:_____

Email:_____

To receive Association Correspondence via email, initial here: _____

Present Address: _____

How long:_____Rent: Y / N Landlord Name and Tel: _____

Previous Address: _____

Occupation:_____Employer:_____

How long:_____Supervisor Name & Tel: _____

Have you ever been arrested? Y / N Have you ever been evicted: Y / N

Co-Applicant's Information

Full Name_____

SSN:_____Birth Date:_____

Driver License:_____Telephone:_____

Email:_____

To receive Association Correspondence via email, initial here: _____

Present Address: _____

How long:_____Rent: Y / N Landlord Name and Tel: _____

Previous Address: _____

Occupation:_____Employer:_____

How long:_____Supervisor Name & Tel: _____

Have you ever been arrested? Y / N Have you ever been evicted: Y / N

333 Island Way Condominium Association, Inc.

References:

Name	Date
Name	Date

Names and ages of person(s) occupying the Unit:

Many Associations have restrictions on the number of individuals occupying the unit. Please check the Association by-laws to ensure that you will be in compliance.

Name	Age	Name	Age
Name	Age	Name	Age

Vehicle Information

Many Associations have restriction on different types and number of Vehicles, please review the Association's By-Laws to ensure that you will be in compliance, please be aware that any vehicles restricted by the By-Laws of the Association can be towed at the owner's expense.

Make / Model	License Number
Make / Model	License Number
Make / Model	License Number

Corporate record information and other matters related to the Association

Florida Statutes requires the Association to maintain a current roster of owners and occupant of the complex. The purpose of this section of the application is to update the corporate record of the Association.

Mailing address if different than property address for matters related to the Condominium:

333 Island Way Condominium Association, Inc.

Approval Form

Telephone number of the property: _____

This number will not be given out, it will only be used in the event of an emergency of the board of Directors feel I necessary to contact you immediately.

Unit #: _____

In case of emergency, Please notify: _____

Please return this completed application to:

333 Island Way Condominium Association, Inc.
C/O Ameritech Community Management
6415 1st Avenue South
Saint Petersburg, FL 33707
Attn: Corey Palmer

Office: (727) 726-8000 Ext 357
Fax: (727) 873-7307
Email: CPalmer@ameritechmail.com

Documents & Agreement

I/We have received and read the Condominium Rules and Regulations (Sale or Lease) and the Declaration of Condominiums, Articles of Incorporation and By-Laws (sales) and I/We agree to abide by same.

_____ _____

Applicant Co-Applicant

Association Use Only:

( ) Approved ( ) Disapproved

By: _____

Signature Title Date

CUSTOMER NUMER 2325 – AMERI-TECH
PROPERTY / ASSOCIATION – 333 ISLAND WAY

BACKGOUND 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

INFORMAITON	**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 EMPLOYEMENT: _____	LENGTH OF EMPLOYMENT: _____
WORK PHONE NUMBER: _____	WORK PHONE NUMBER: _____
HAVE YOU EVER BEEN ARRESTED?	HAVE YOU EVER BEEN ARRESTED:
(CIRCLE ONE) YES NO	(CIRCLE ONE) YES NO
HAVE YOU EVER BEEN EVICTED?	HAVE YOU EVER BEEN EVISTED?
(CIRCLE ONE) YES NO	(CIRCLE ONE) YES NO
SIGNATURE:	**SIGNATURE**:
_____	_____
PHONE NUMBER: _____	PHONE NUMBER: _____

FEDERAL LAW REQUIRED THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS

333 Island Way Condominium Association, Inc.
Questionnaire

Unit Number_____ Application to Purchase_____
Application Date_____ Application to Lease_____ From_____To_____

NAME:_____ Tel. No. Home:_____
Spouse Name:_____ Office:_____

Local Address:_____Tel. No._____
Previous Address (Last 5 Years): _____
_____
_____
_____

Number of Permanent Occupants:_____
Business or Profession: _____
Presently Employed by: _____
Address Tel. Number

Past Employment: _____
Bank Name and Address: _____
_____

Is the Unit to be utilized as a Home or for Rental Purposes? _____
Number of children: _____
Personal References: 1) Name_____Tel. No_____
Address_____
(Two Required) 2) Name_____Tel. No_____
Address_____
Number of Vehicles:_____ Make:_____Model:_____Year:_____
Make:_____Model:_____Year:_____
Credit Reference: 1)_____
(Give Two) 2)_____

The Association is hereby authorized to secure credit and other information and the proposed purchase will be available for personal interview by appropriate representatives of the Association.

The proposed purchase acknowledges that the conditions of purchase include terms and provisions of the Recorded Declaration and Bylaws of the Condominium Association and Rules and Regulations

Signature:
Proposed Purchase:_____Seller_____
_____ _____

Approved:_____Date:_____
Disapproved:_____Date:_____