

# 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  
24701 US Highway 19 North, Suite 102  
Clearwater, FL 33763  
Attn: Corey Palmer

Office: (727) 726-8000 Ext 357

Fax: (727) 723-1101

Email: [CPalmer@ameritechmail.com](mailto: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

**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**

<b><u>INFORMAITON</u></b>	<b><u>SPOUSE / ROOMMATE</u></b>
SINGLE _____ MARRIED _____	SINGLE _____ MARRIED _____
SOCIAL SECURITY #: _____	SOCIAL SECURITY #: _____
FULL NAME: _____	FULL NAME: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
DRIVER LICENSE #: _____	DRIVER LICENSE #: _____
CURRENT ADDRESS: _____ _____ HOW LONG? _____	CURRENT ADDRESS: _____ _____ HOW LONG? _____
LANDLORD & PHONE _____	LANDLORD & PHONE: _____
PREVIOUS ADDRESS _____ _____ HOW LONG? _____	PREVIOUS ADDRESS _____ _____ 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? (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 EVISTED? (CIRCLE ONE)        YES        NO
SIGNATURE: _____	SIGNATURE: _____
PHONE NUMBER: _____	PHONE NUMBER: _____

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