

**FOREST PARK ONE CONDOMINIUM ASSOCIATION, INC.**  
**Elm Street, Dunedin, FL 34698**

**SALES/LEASE APPLICATION REQUIREMENTS:**

1. The application must be completed and returned in its **ENTIRETY**  
Either by mail or hand delivered to:  
Ameri-Tech Community Management, Inc.  
24701 US Highway 19 North, Suite 102  
Clearwater, FL 33763
2. Answer all questions and provide all information requested.
3. Include a check, made payable to Forest Park One Condominium, Inc. for \$100.00 per legally married couple or \$100.00 per unmarried applicant. This is the application processing fee and is used to cover the cost of background checks, etc.
4. Include a photocopy of your photo identification (i.e. driver's license, state I.D., passport)
5. A copy of the contract for Sale or a copy of the Lease agreement (between owner & tenant) must be included.
6. Board approval is required for all applications without exception.

**FOREST PARK I CONDOMINIUM ASSOCIATION, INC.  
NOTIFICATION OF OWNERSHIP TRANSFER**

SPECIAL NOTE: This Notification of Ownership Transfer must be in the possession of the management Company fifteen (15) days **prior** to lease commencement. A COPY OF THE SALES AGREEMENT AND APPLICATION FEE IN THE AMOUNT OF \$100.00 FOR EACH APPLICANT (UNLESS LEGALLY MARRIED) MUST ACCOMPANY THIS REQUEST.

Applicant must read Rules & Regulations before interview. The seller should provide them to the buyer at the time of contract acceptance. If the seller does not have a copy, they may be purchased through the management company.

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
SELLER PURCHASER

PROPERTY ADDRESS: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_

Purchaser(s) represent that the following information is true and correct, and consent to further inquiry and investigation concerning this information or any information that comes from that inquiry should it become necessary to process this request.

Is unit to be lease? YES \_\_\_\_\_ NO \_\_\_\_\_

If unit is to be leased; purchaser agrees to supply the Board of Directors with Notification of Lease and a copy of lease prior to rental occupancy.

**All adults and children who will occupy the above unit are as follows:**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

(A) Current address \_\_\_\_\_

(B) Current phone # \_\_\_\_\_

(C) Permanent Address after Closing \_\_\_\_\_

TITLE COMPANY:

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

REAL ESTATE AGENT:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

Purchaser(s) states a copy of Condominium Documents, including Declaration of Condominium Articles of Incorporation, By Laws and Rules and Regulations have been received, read and understood and agree to abide by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter officially by the Association.

This approval is subject to all financial obligations to the Association, including but not limited to (if applicable): maintenance fees, late charges, special assessments, legal fees and application fees Having been paid in full or will be paid by seller at the time of closing of this sale.

**Copy of Sales Agreement is attached:** \_\_\_\_\_

**Application fee is attached:** \_\_\_\_\_

**Copy of Driver's License is attached:** \_\_\_\_\_

\_\_\_\_\_  
Seller Date Purchaser Date

\_\_\_\_\_  
Seller Date Purchaser Date

ATTENTION PURCHASER & SELLER: Please have the closing agent remit an Estoppel Letter to the management company at least 15 days prior to closing to ensure that your association fees are paid in full. Non-payment of maintenance fees creates a lien on the property and the lien must be satisfied before closing. Estoppel requests can be faxed to: 727-723-1101.

In order to update ownership on this unit, please send a copy of the warranty deed to:

AMERI-TECH COMMUNITY MANAGEMENT, INC.  
ATTN: PROPERTY MANAGER -FOREST PARK CONDOMINIUM  
24701 US HIGHWAY 19 NORTH, SUITE 102  
CLEARWATER, FL 33763

PROPERTY / ASSOCIATION - \_\_\_\_\_

**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**

<u>INFORMATION:</u>	<u>SPOUSE / ROOMMATE:</u>
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 5:00 p.m. (3:30 p.m. on Sat.) WILL BE PROCESSED THE  
 NEXT BUSINESS DAY

**TENANT CHECK FAX #: (727) 942-6843**

**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

**FOREST PARK CONDOMINIUM I  
ASSOCIATION, INC  
BOARD APPROVAL FOR SALE/LEASE**

I/We, representing the Board of Directors of Forest Park Condominium I Association, Inc., approve/disapprove the sale or lease of the following (PLEASE CIRCLE THE APPROPRIATE TRANSACTION AND PARTIES):

Property Address: \_\_\_\_\_

Seller / Lessor: \_\_\_\_\_

Buyer / Lessee: \_\_\_\_\_

Closing / Occupancy Date: \_\_\_\_\_

\_\_\_\_\_ The Board of Directors approves the sale/lease of the above unit.

\_\_\_\_\_ The Board of Directors does NOT approve the sale/lease of the above unit.

Reason: \_\_\_\_\_

\_\_\_\_\_  
Representing the Board of Directors      Date

\_\_\_\_\_  
Representing the Board of Directors      Date

The buyers/lessees hereby attest that they have been provided a copy of the Condominium Documents, including the rules and regulations and agree to abide by these regulations.

\_\_\_\_\_  
Buyer/Lessee      Date

\_\_\_\_\_  
Buyer/Lessee      Date

PLEASE RETURN TO:      Ameri-Tech Community Management, Inc.  
24701 US Highway 19, Suite 102  
Clearwater, FL 33763  
Phone: 727-726-8000  
Fax: 727-723-1101

**FOREST PART CONDOMINIUM I ASSOCIATION, INC.  
INFORMATION REQUEST FORM**

For emergency purposes and to ensure that the Association Owner roster is kept updated, the correct information on each Unit Owner is needed for the files. Please complete the following and send to Ameri-Tech Community Management, Inc. via U.S. mail, fax to the address listed below noted address.

OwnerName(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**ALTERNATE MAILING ADDRESS INFORMATION**

Address: \_\_\_\_\_

(If different from property where association information should be sent)

Telephone #: \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

If you have someone who looks after your Unit while you are out of town, please provide the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Thank you for your cooperation.  
Management

Ameri-Tech Community Management, Inc.  
24701 US Highway 19 North, Suite 102  
Clearwater, FL 33763  
727-726-8000