

**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 \$150 per person. 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.

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