

Windrush Bay Condominium Association, Inc.

c/o Ameri-Tech Community Management, Inc.

24701 US Hwy 19 N, Ste 102, Clearwater, FL 33763

P: (727) 726-8000 ext. 405 | F: (727) 723-1101

Chris Stancil, LCAM

cstancil@ameritechmail.com

LEASE APPLICATION

At least two weeks prior to occupancy, a tenant **MUST** complete this application and return it to Ameri-Tech Community Management at the address above along with a non-refundable \$100.00 fee made payable to **WINDRUSH BAY CONDOMINIUM ASSOCIATION**.

INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT APPROVAL

Basic Requirements

- **Minimum lease period shall be three (3) months or maximum of twelve (12) months**
- **Must be filed each time there is a new tenant**
- **Copy of lease agreement must be attached**
- **Copy of driver license(s) must be attached**
- **Application fee**

All the governing documents of the Windrush Bay Condominium Association shall apply to any tenant. Any change(s) to the original approved application shall require a newly completed application. Please note, Ameri-Tech Community Management, Inc. will request a background check prior to purchase approval.

Current Owner Name: _____ Unit: _____

Property Address of Unit: _____

Tenant Information:

Applicant	
Name:	
Address:	
City:	State: Zip:
Driver's License #:	State:
Date of Birth:	
Telephone:	
E-mail:	
Children (Under 18):	
Name:	Age:
Name:	Age:
Number of other residents (Age 18+):	
Name:	DOB:
Name:	DOB:
Years at Previous Address:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent Payment/Month: \$	
Landlord's Name:	
Phone:	
Reason for moving:	
Banking Information:	
Name of Bank:	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Location:	
Pet Information: One (1) pet allowed, not to exceed 20 lbs. when fully grown.	
Pet: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Weight:	lbs.

Co-Applicant	
Name:	
Address:	
City:	State: Zip:
Driver's License #:	State:
Date of Birth:	
Telephone:	
E-mail:	
Children (Under 18):	
Name:	Age:
Name:	Age:
Number of other residents (Age 18+):	
Name:	DOB:
Name:	DOB:
Years at Previous Address:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent Payment/Month: \$	
Landlord's Name:	
Phone:	
Reason for moving:	
Name of Bank:	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Location:	
If yes, type:	
Vet Name:	Last Vaccine:

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Other:

Waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Vehicle Information:

PLEASE NOTE: Trucks/Commercial Vehicles/Motorcycles are NOT allowed to be parked on Windrush Bay Condominium Association property overnight. This also applies to all visitors.

Number of Vehicles:
1. Make:
Model:
Year:
Color:
License Plate:
State:

2. Make:
Model:
Year:
Color:
License Plate:
State:

Applicant's Employer Information:

Name:
Address:
City: State: Zip:
Phone:
Occupation:
How Long:

Name:
Address:
City: State: Zip:
Phone:
Occupation:
How Long:

Provide Three (3) References:

Name/Phone
Landlord:
Employer:
Other:

Name/Phone
Landlord:
Employer:
Other:

In Case of Emergency – Provide Three (3) Contacts:

1. Name:	Phone:
Address:	City: State: Zip:

2. Name:	Phone:
Address:	City: State: Zip:

3. Name:	Phone:
Address:	City: State: Zip:

Lease Data:

Realtor/Firm Name:	
Contact Name:	Lease Start Date:
Address:	End Date:
City: State: Zip:	
Phone:	Fax:
E-mail:	

If Realtor is not involved, please list information of person or company handling leasing agreement (attorney, title company, etc.):

Name:	Phone:
Address:	City: State: Zip:
E-mail:	Fax:

