

# 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. 306 | F: (727) 723-1101

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## 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 \$150.00 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	Co-Applicant
Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Driver's License #: State:	Driver's License #: State:
Date of Birth:	Date of Birth:
Telephone:	Telephone:
E-mail:	E-mail:
<b>Children (Under 18):</b>	<b>Children (Under 18):</b>
Name: Age:	Name: Age:
Name: Age:	Name: Age:
<b>Number of other residents (Age 18+):</b>	<b>Number of other residents (Age 18+):</b>
Name: DOB:	Name: DOB:
Name: DOB:	Name: DOB:
Years at Previous Address:	Years at Previous Address:
<input type="checkbox"/> Own <input type="checkbox"/> Rent Payment/Month: \$	<input type="checkbox"/> Own <input type="checkbox"/> Rent Payment/Month: \$
Landlord's Name:	Landlord's Name:
Phone:	Phone:
Reason for moving:	Reason for moving:
<b>Banking Information:</b>	
Name of Bank:	Name of Bank:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Location:	Bank Location:
<b>Pet Information: One (1) pet allowed, not to exceed 20 lbs. when fully grown.</b>	
Pet: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:
Weight: lbs.	Vet Name: Last Vaccine:

CUSTOMER NUMBER 2325 - AMERI-TECH

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: _____ _____ 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 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: _____

**IMPORTANT**  
**Please complete this form and return it to  
 Ameri-Tech with your owner/tenant  
 application. Applications received without this  
 form will not be processed.**

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

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Eyosselmann@ameritechmail.com

**Other:**

Waterbed? <input type="checkbox"/> Yes <input type="checkbox"/> No	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:	2. Make:
Model:	Model:
Year:	Year:
Color:	Color:
License Plate:	License Plate:
State:	State:

**Applicant's Employer Information:**

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

**Provide Three (3) References:**

Name/Phone	Name/Phone
Landlord:	Landlord:
Employer:	Employer:
Other:	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:

## Windrush Bay Condominium Association, Inc.

By signing below, I attest that all of the information provided in this application is true and correct to the best of my knowledge and I authorize the Association and/or Ameri-Tech Community Management to conduct a background check or other investigation to verify the information in this application.

Furthermore, I hereby acknowledge that I have received a copy of, read and understand the Association's Governing Documents and agree to abide by all of the Association's Governing Documents.

In signing, you will ensure the tenants will comply or you will be legally liable for any violations they incur.

**Note: All rules must be adhered to, or lease will not be renewed.**

**NOTE:** No person(s) shall be permitted to occupy a unit without approval of this application by the Board of Directors of Windrush Bay Condominium Association. Driver's license number(s) and social security number(s) are used for background checks and will be removed from the form prior to distribution to the Association.

\_\_\_\_\_ Date \_\_\_\_\_  
Tenant Applicant's Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Tenant Applicant's Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Owner/Agent's Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Owner/Agent's Signature

At least fourteen (14) days prior to occupancy, complete the following steps:

- Complete application in its entirety
- Return application to real estate agent/authorized agent
- Real estate agent/authorized agent is to forward application, sales agreement and fee to address above

Ameri-Tech Community Management, Inc. will process the application/agreements and forward to the Board of Directors for review and approval. Upon completion of this process and approval of this document, and provided all parties agree with Windrush Bay Condominium Association, Inc. Governing Documents, the new owner may begin the process of occupying the unit.

**IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE OR DISABILITY. LOCAL OR STATE LAWS MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.**

**To be completed by Association:**

Approved     Denied, reason: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Board/Management Company Signature