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

PURCHASE APPLICATION

At least two weeks prior to occupancy, a purchaser **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

Other:

- Must be filed each time there is a new owner
- · Copy of sales 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 purchaser. 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:			
Property Address of Unit:			
Purchaser Information:	On Annullanus		
Applicant Name:	Co-Applicant Name:		
Address:			
	Address: City: State: Zip:		
City: State: Zip: Driver's License #: State:	City: State: Zip: Driver's License #: State:		
Date of Birth:	Date of Birth:		
Telephone:	Telephone:		
E-mail:	E-mail:		
Children (Under 18):	Children (Under 18):		
Name: Age:	Name: Age:		
Name: Age:	Name: Age:		
Number of other residents (Age 18+):	Number of other residents (Age 18+):		
Name: DOB:	Name: DOB:		
Name: DOB:	Name: DOB:		
Years at Previous Address:	Years at Previous Address:		
☐ Own ☐ Rent Payment/Month: \$	☐ Own ☐ Rent Payment/Month: \$		
Landlord's Name:	Landlord's Name:		
Phone:	Phone:		
Reason for moving:	Reason for moving:		
Banking Information:			
Name of Bank:	Name of Bank:		
☐ Checking ☐ Savings	☐ Checking ☐ Savings		
Bank Location:	Bank Location:		
Pet Information: One (1) pet allowed, not to exce	eed 20 lbs. when fully grown.		
Pet: ☐ Yes ☐ No	If yes, type:		
Weight: lbs.	Vet Name: Last Vaccine:		

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Waterbed? ☐ Yes ☐ No	Waterbed? ☐ Yes □	Waterbed? ☐ Yes ☐ No		
Vehicle Information:				
PLEASE NOTE: Trucks/Commercial Vehicles	Motorcycles are NOT allo	wed to be par	ked on	
Windrush Bay Condominium Association pro				
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:	Otato.	p.	
Occupation:	Occupation:			
How Long:	How Long:			
Tiom Long.	Tiow Long.			
Provide Three (3) References:				
Name/Phone	Na	me/Phone		
Landlord:	Landlord:	ilic/i ilolic		
Employer:	Employer:			
Other:	Other:			
Other.	Other.			
In Case of Emergency – Provide Three (3) Co	ntacte:			
1. Name:	Phone:			
Address:	City:	State:	Zip:	
Address.	City.	State.	Ζιρ.	
2. Name:	Phone:			
Address:	City:	State:	Zip:	
Address.	City.	State.	Ζιρ.	
3. Name:	Phone:			
Address:	City:	State:	Zip:	
Address.	City.	State.	Ζιμ.	
Purchase Data:				
Realtor/Firm Name:	Drange of Clasing Dat			
Contact Name:	Proposed Closing Dat		7:	
Address:	City:	State:	Zip:	
Phone:	Fax:			
E-mail:				
[
If Realtor is not involved, please list information	n ot person or company ha	ndling closing	(attorney, title	
company, etc.):	T = .			
Name:	Phone:			
Address:	City:	State:	Zip:	
E-mail:	Fax:			

Windrush Bay Condominium Association, Inc.

Purchaser: Upon completion of purchase, you will become a member of the Association. All fees and assessments required by the Association are due and payable the first of each month. Delinquent fees are "Subject to a Lien on the Property". The current monthly maintenance fee for Unit: is \$ Please note, the maintenance fee is subject to change as set by the Association's governing documents.
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 int his 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.
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.
Buyer/Purchaser Signature/Date
Buyer/Purchaser Signature/Date
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.
To be completed by Association:
□ Approved □ Denied, reason:
Date:
Board/Management Company Signature