

# 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

- **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: \_\_\_\_\_ Unit: \_\_\_\_\_

Property Address of Unit: \_\_\_\_\_

#### **Purchaser Information:**

<b>Applicant</b>	
Name:	
Address:	
City:	State: Zip:
Driver's License #:	State:
Date of Birth:	
Telephone:	
E-mail:	
<b>Children (Under 18):</b>	
Name:	Age:
Name:	Age:
<b>Number of other residents (Age 18+):</b>	
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:	
<b>Banking Information:</b>	
Name of Bank:	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
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	
Weight:	lbs.

<b>Co-Applicant</b>	
Name:	
Address:	
City:	State: Zip:
Driver's License #:	State:
Date of Birth:	
Telephone:	
E-mail:	
<b>Children (Under 18):</b>	
Name:	Age:
Name:	Age:
<b>Number of other residents (Age 18+):</b>	
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:

**Other:** \_\_\_\_\_

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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.

<b>Number of Vehicles:</b>
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:**

<b>Name/Phone</b>
Landlord:
Employer:
Other:

<b>Name/Phone</b>
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:

**Purchase Data:**

Realtor/Firm Name:	
Contact Name:	Proposed Closing Date:
Address:	City: State: Zip:
Phone:	Fax:
E-mail:	

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

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

