

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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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 \$150.00 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:

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:
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:
<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:
Banking Information:	
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:
Pet Information: One (1) pet allowed, not to exceed 20 lbs. when fully grown.	
Pet: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:
Weight: lbs.	Vet Name: Last Vaccine:

Other: _____

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

INFORMATION:

SPOUSE / ROOMMATE:

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: _____

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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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:

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:

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 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.

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: _____

Board/Management Company Signature

Date: _____