Surfside Tower Condominium Association, Inc.

Application for Sale

Application fee of $150.00 for all Sales and Leases, checks should be made payable to Surfside Tower Condominium Association, Inc. Please provide a copy of the purchase contract.

Date: _____

I / We, _____

The prospective Buyer(s) / tenant(s) for Unit _____ at Surfside Tower Condo. Association, Inc. that is currently owned by _____hereby allow TENANT CHECK, and / or the property owner/manager to inquire into my/our credit file, criminal, and civil history to obtain information. I/We understand that on my/our credit file it will appear that TENANT CHECK has made an inquiry. I/We cannot claim any invasion of privacy against them now or in the future.

Signature _____ Signature_____

Applicant's Information

Full Name_____

Driver License: _____ Birth Date:_____ Telephone:_____

Email: _____

To receive Association Correspondence via email, initial here: _____

Present Address: _____

How long: _____ Rent: Y / N Landlord Name and Tel: _____

Previous Address: _____

Occupation: _____ Employer: _____

How long: _____ Supervisor Name & Tel: _____

Have you ever been arrested? Y / N Have you ever been evicted: Y / N

Co-Applicant's Information

Full Name_____

Driver License: _____ Birth Date:_____ Telephone:_____

Email: _____

To receive Association Correspondence via email, initial here: _____

Present Address: _____

How long: _____ Rent: Y / N Landlord Name and Tel: _____

Previous Address: _____

Occupation: _____ Employer: _____

How long: _____ Supervisor Name & Tel: _____

Have you ever been arrested? Y / N Have you ever been evicted: Y / N

Surfside Tower Condominium Association, Inc.

Pet Information:

Pet Species: _____ Age: _____ Weight: _____

Pet Name: _____ Sex: _____ Neutered: _____

Please provide copies of current vaccination records and current picture of pet.

Restrictions: Owners are allowed to have pets. Tenants and guests are not allowed to have pets. Pest are not allowed in common areas except to enter or exit the owner's building through the basement or the exit to the parking ramp. Except in emergencies, pets are strictly prohibited from entering the lobby areas. Owners must clean up after their pets and prevent their pets from disturbing others in the building. Owners are required to remove pet excrement for disposal at the premises of the person in charge or by disposal in a closed container in ta dumpster. Excessive barking or noise by pet or other activities which become a nuisance or threat to other residents, should be reported in writing.

Failure to comply with the above will be basis for the Board to require permanent removal of the pet from Surfside Tower premises.

I do agree to take my pet on a leash only to the designated areas for pets to defecate. I also agree to clean up after my pet and dispose it properly in the dumpster.

Pet Owner's Signature: _____ Date: _____

References:

_____ _____

Name Date

_____ _____

Name Date

Names and ages of person(s) occupying the Unit:

Many Associations have restrictions on the number of individuals occupying the unit. Please check the Association by-laws to ensure that you will be in compliance.

_____ _____ _____ _____

Name Age Name Age

_____ _____ _____ _____

Name Age Name Age

Vehicle Information

Many Associations have restriction on different types and number of Vehicles, please review the Association's By-Laws to ensure that you will be in compliance, please be aware that any vehicles restricted by the By-Laws of the Association can be towed at the owner's expense.

_____ _____

Make / Model License Number

_____ _____

Make / Model License Number

Corporate record information and other matters related to the Association

Florida Statutes requires the Association to maintain a current roster of owners and occupant of the complex. The purpose of this section of the application is to update the corporate record of the Association.

Mailing address if different than property address for matters related to the Condominium:

_____

_____

_____

Surfside Tower Condominium Association, Inc.

Approval Form

Telephone number of the property: _____

This number will not be given out, it will only be used in the event of an emergency of the board of Directors feel I necessary to contact you immediately.

Unit #: _____

In case of emergency, Please notify: _____

Please return this completed application to:

Surfside Tower Condominium Association, Inc.
C/O Ameritech Community Management
6415 1st Ave. South
St. Petersburg, FL 33707
Attn: Corey Palmer

Office: (727) 726-8000 Ext 357
Fax: (727) 723-1101
Email: CPalmer@ameritechmail.com

Documents & Agreement

I/We have received and read the Condominium Rules and Regulations (Sale or Lease) and the Declaration of Condominiums, Articles of Incorporation and By-Laws (sales) and I/We agree to abide by same.

_____ _____

Applicant Co-Applicant

Association Use Only:

( ) Approved ( ) Disapproved

By: _____

Signature Title Date

CUSTOMER NUMER 2325 – AMERI-TECH
PROPERTY / ASSOCIATION – SURFSIDE TOWER

BACKGOUND 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 EMPLOYEMENT:	LENGTH OF EMPLOYMENT:
WORK PHONE NUMBER:	WORK PHONE NUMBER:
HAVE YOU EVER BEEN ARRESTED?	HAVE YOU EVER BEEN ARRESTED:
(CIRCLE ONE) YES NO	(CIRCLE ONE) YES NO
HAVE YOU EVER BEEN EVICTED?	HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO	(CIRCLE ONE) YES NO
SIGNATURE:	**SIGNATURE**:
PHONE NUMBER:	PHONE NUMBER:

FEDERAL LAW REQUIRED THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS