



Arlington St. Pete Homeowner's Association, Inc.
A Deed Restricted Community

Application for Lease

Lease Minimum of 30 days

Units may only be leased after 12 months of ownership

Note: Application must be submitted 14 days prior to occupancy for Board approval

Please include a copy of the proposed lease

A background check is required of all applicants

All applicants must provide a copy of photo ID

\$100.00 APPLICATION FEE PER PERSON TO BE SUBMITTED AT TIME OF APPLICATION

PLEASE PRINT CLEARLY

Property to be Leased: _____ Lease Date: From _____ To _____

Owner's Name: _____

Owner's Address: _____

Owner's Email Address: _____

Owner's Home Tele #: _____ Cell/Work Tele: _____

Personal Data of Lessee: Names:

(1) _____ Phone Contact No. _____

(2) _____ Phone Contact No. _____

Present Address: _____

Email Address: _____

Home Telephone: _____ Cell/Work: _____

Employment: NAME AND ADDRESS: _____

Other Adults To Live in Unit:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Children To Live in Unit:

Name: _____ Age: ____ Name: _____ Age: ____
Name: _____ Age: ____ Name: _____ Age: ____

Pet Information: (Pets require written Board approval. All rules are strictly enforced). Registration and vaccination records are required for all pets. Pit bulls, Rottweilers, Dobermans and Chows are not allowed in the community.

Type of Animal: _____ Breed: _____ Weight: _____
Type of Animal: _____ Breed: _____ Weight: _____

Vehicle Information:

Tag # _____ Make/Model _____ Year: _____
Tag # _____ Make/Model _____ Year: _____

(No boats, trailers, RVs, campers, motor homes, motorcycles or commercial vehicles are permitted on property overnight.)

Lease Data: There is a minimum written lease of 30 days. The lease is to be written for the entire unit and not just a portion thereof.

Realtor: _____ Telephone: _____

Email Address: _____

Address: _____

A copy of the lease agreement is to be attached to this application.

Documents and Agreement (A background check is required of all applicants)

Lessee: I understand that Arlington St. Pete is a deed-restricted community, and I agree to abide by its documents.

Signature: _____

I have received ____ have not ____ received a copy of the Rules and Regulations of the community.

Completed Applications and Application Fee for Board Approval should be Sent to:

Jenny Kidd, LCAM
Ameri-Tech Property Management, Inc.
24701 U.S. Highway 19 North, Suite 102
Clearwater, FL 33763
jkidd@ameritechmail.com

Telephone: (727) 726-8000 x247 FAX: (727) 723-1101

Name and Address of Homeowner or Real Estate Agent to whom Approved Application is to be Mailed:

Homeowner/Agent: _____

Email Address: _____

Telephone: _____

Application Approved By: _____ Date: _____

Jenny Kidd, LCAM, Acting as Agent for Arlington St. Pete, Inc.

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORM

I / We _____, prospective
tenant(s) / buyer(s) for the property located at _____,

Managed By: _____ Owned By: _____,

Hereby allow TENANT CHECK LLC 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 LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY**TENANT INFORMATION:**

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

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