

Arlington St. Pete Townhomes Association, Inc.
A Deed Restricted Community

Application for Lease

Lease Minimum of 30 days, unit may only be rented once in a twelve-month period

Units may only be leased after 12 months of ownership

Note: *Application must be submitted 10 days prior to occupancy for Board approval*

Please include a copy of the proposed lease

A background check is required of all applicants

\$100.00 APPLICATION FEE

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).

Type of Animal: _____ Breed: _____ Weight: _____

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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 and Rules and Regulations.

Signature: _____

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

Completed Applications 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

Phone: (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 Townhomes Association, 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

| <u>TENANT INFORMATION:</u> | <u>SPOUSE / ROOMMATE:</u> |
|---|---|
| SINGLE _____ MARRIED _____ | SINGLE _____ MARRIED _____ |
| SOCIAL SECURITY #: _____ | SOCIAL SECURITY #: _____ |
| FULL NAME: _____ | FULL NAME: _____ |
| DATE OF BIRTH: _____ | DATE OF BIRTH: _____ |
| DRIVER LICENSE #: _____ | DRIVER LICENSE #: _____ |
| CURRENT ADDRESS: _____ _____ HOW LONG? _____ | CURRENT ADDRESS: _____ _____ HOW LONG? _____ |
| LANDLORD & PHONE: _____ | LANDLORD & PHONE: _____ |
| PREVIOUS ADDRESS: _____ _____ HOW LONG? _____ | PREVIOUS ADDRESS: _____ _____ 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