

# BAYVIEW CONDOMINIUM ASSOCIATION

## LEASE APPLICATION



700 NORTH OSCEOLA AVE CLEARWATER

Rev. 5/30/2026



**AMERI-TECH COMMUNITY MANAGEMENT, INC.**  
*Experience The Difference*

**Ameri-Tech**  
Community Management, Inc.  
*Living Your Dream*

[www.ameritechcompanies.com](http://www.ameritechcompanies.com)

**Arnie Holder, LCAM**  
*Licensed Community Association Manager*

24701 US Highway 19 North, Suite 102  
Clearwater, FL 33763  
Office: (727) 726-8000 Ext. 270  
Fax: (727) 723-1101  
E-mail: [aholder@ameritechmail.com](mailto:aholder@ameritechmail.com)

**BAYVIEW CONDOMINIUMS CLEARWATER ASSOCIATION, INC. LEASE**

**APPLICATION**

(Rev. 5/30/2026)

Bayview Condominiums Clearwater Association, Inc. (Bayview) must issue written approval for any Rental/Lease of any unit. The following information must be submitted to the association **thirty (30) days prior** to issuance of approval. The Board reserves the right to meet with the Lease applicants before approval of the application.

The association has **ten (10) business days** to review all completed lease applications. Requests for association approval must be complete with all required information and attachments. Incomplete requests will not be submitted for review and will be returned to the Owner.

**Unit Number** \_\_\_\_\_ **Current Owners** \_\_\_\_\_

Owners Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Lessee \_\_\_\_\_ Email \_\_\_\_\_

Name of Lessee \_\_\_\_\_ Email \_\_\_\_\_

Name of Lessee \_\_\_\_\_ Email \_\_\_\_\_

Other Occupants of Unit \_\_\_\_\_ Age \_\_\_\_\_

Other Occupants of Unit \_\_\_\_\_ Age \_\_\_\_\_

Other Occupants of Unit \_\_\_\_\_ Age \_\_\_\_\_

**Pet Information**

Number of Pets \_\_\_\_\_ Type/Description \_\_\_\_\_

**Vehicle:** Make/Year \_\_\_\_\_ Color \_\_\_\_\_ Tag# \_\_\_\_\_

**Vehicle:** Make/Year \_\_\_\_\_ Color \_\_\_\_\_ Tag# \_\_\_\_\_

Lessee Current Address \_\_\_\_\_ Phone \_\_\_\_\_

Leasing Agent \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Lease Start Date \_\_\_\_\_

**PERSONAL REFERENCES- INCLUDE ONE IN THE LOCAL AREA IF POSSIBLE**

Reference #1 Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Reference #2 Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

The following information pertains to the application process and ownership at Bayview Condominium Clearwater Association, Inc.

- 1 An application processing fee of **\$150.00** must accompany this application.  
(Make checks payable to: Bayview Condominium Clearwater Association, Inc.)
- 2 A security deposit of \$1,000 made payable to: Bayview Condominium Clearwater Association is required.
- 3 Owner shall pay Bayview Condominiums Clearwater Association, Inc., an IT admin. fee to cover the costs associated with Building Access Control set-up/removal and administration. The IT admin fee includes a one (1) time **\$450 fee per lease.**
- 4 Additional fees for IT/admin and Access Control:
  - Replacement Access Fob for Access: \$75 per fob
  - RFID for Vehicle Access: \$75 per RFID
- 5 The association is allowed **ten (10) business days** from the date of receipt of a completed application with all required attachments to process the application.
- 6 Current owner must be an association member in good standing and current on payment of assessments and all Association fee's.
- 7 The Lessee understands the **minimum rental/lease period in six (6) months.**
- 8 A copy of the lease agreement and driver's license or other photo ID must accompany this request.

**ACKNOWLEDGEMENT OF RECEIPT OF GOVERNING DOCUMENTS**

I (WE) have received and agree to abide by the governing documents of the Bayview Condominiums Clearwater Association, Inc., consisting of the amended and restated Declaration, Articles of Incorporation, By-Laws, and Rules & Regulations. Lessee acknowledges and agrees that any and all issues related to the condominium unit and Lease conditions are the responsibility of the Owner and not Bayview Condominiums Clearwater Association, Inc.

I (WE) further certify that the information provided in this request for association approval is complete and correct to the best of my (our) knowledge.

LESSEE Signature \_\_\_\_\_ Date \_\_\_\_\_

LESSEE Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit the request for approval of this lease to:

Ameri-Tech Community Mgmt, Inc.  
24701 US 19, North, Suite 102  
Clearwater, FL 33763  
Phone: 727-726-8000  
Email - aholder@ameritechmail.com

**ASSOCIATION APPROVAL**

Bayview Condominium Clearwater Association has **APPROVED** this application: \_\_\_\_\_

Bayview Condominium Clearwater Association has **DISAPPROVED** this Application: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

\_\_\_\_\_

Bayview Condominium Clearwater Association, Inc.

Board Member Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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**

<b>TENANT INFORMATION:</b>		<b>SPOUSE / ROOMMATE:</b>	
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:	
_____		_____	

<p><b>TENANT CHECK HOURS OF OPERATION:</b>  <b>MONDAY - FRIDAY ; 9:00 a.m. - 5:30 p.m.</b>  <b>SATURDAY: 11:00 a.m. -4:00p.m.</b>  <small>ALL ORDERS RECEIVED AFTER 3:00 p.m (2:00 p.m. on Sa1.)WILL BE PROCESSED THE NEXT BUSINESS DAY</small></p> <p><b>email@tenantcheck.llc.com</b></p>	<p><b>IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.</b></p> <p><small>A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS/ APARTMENT COMPLEXES / MOBILE HOME PARKS/ CONDOMINIUM ASSOCIATIONS / EMPLOYERS</small></p>
---	---