

BAYVIEW CONDOMINIUM ASSOCIATION

SALE APPLICATION



700 NORTH OSCEOLA AVE CLEARWATER



www.ameritechcompanies.com

AMERI-TECH COMMUNITY MANAGEMENT, INC.

Experience The Difference

Arnie Holder, LCAM

Licensed Community Association Manager

24701 US Highway 19 North, Suite 102

Clearwater, FL 33763

Office: (727) 726-8000 Ext. 270

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**BAYVIEW CONDOMINIUM CLEARWATER ASSOCIATION, INC.
SALES APPLICATION**

Bayview Condominium Clearwater Association, Inc. must issue written approval for any Sale/Transfer of any unit. The following information must be submitted to the association thirty (30) days prior to issuance of approval.

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

Unit Number _____ **Current Owners** _____

Owners Mailing Address _____

City/State/Zip _____ Phone _____

Name of Buyer _____ Email _____

Name of Buyer _____ 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# _____

Buyer's Current Address _____ Phone _____

RE Agent _____ Company _____

Address _____ Phone _____

Closing Date _____

PERSONAL REFERENCES – INCLUDE ONE IN THE LOCAL AREA IF POSSIBLE

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

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

- 1 A processing fee of \$150.00 must accompany this application.
(Make checks payable to: Bayview Condominium Clearwater Association, Inc.)
- 2 The association is allowed ten (10) days from the date of receipt of a completed application with all required attachments to process the application.
- 3 Current owner must be an association member in good standing and current on payment of assessments.
- 4 A copy of the sales 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 Condominium Clearwater Association, Inc., consisting of the amended and restated Declaration, Articles of Incorporation, By-Laws, and Rules & Regulations.

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.

Buyer Signature _____ Date _____

Buyer Signature _____ Date _____

Submit the request for approval of this sales contract to:

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

ASSOCIATION APPROVAL

Bayview Condominium Clearwater Association has **APPROVED** this application: _____

Bayview Condominium Clearwater Association has **DISAPPROVED** this Application _____

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

TENANT 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: _____

TENANT CHECK HOURS OF OPERATION:

MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.

SATURDAY : 11:00 a.m. - 4:00p.m.

ALL ORDERS RECEIVED AFTER 3:00 p.m. (2:00 p.m. on Sat.) WILL BE PROCESSED THE NEXT BUSINESS DAY

email@tenantcheckllc.com

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