

# BAYVIEW CONDOMINIUM ASSOCIATION

## LEASE APPLICATION



700 NORTH OSCEOLA AVE CLEARWATER

**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 CONDOMINIUM CLEARWATER ASSOCIATION, INC.  
LEASE APPLICATION**

Bayview Condominium Clearwater Association, Inc. 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 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 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**

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

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

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

- 1 A 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 The association is allowed ten (10) days from the date of receipt of a completed application with all required attachments to process the application.
- 4 Current owner must be an association member in good standing and current on payment of assessments.
- 5 The Lessee understands the minimum rental/lease period in six (6) months.
- 6 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 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.

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  
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