

Placido Gardens Condominium Assn.
c/o Ameri-Tech Property Management, Inc.
6415 1ST Ave. South St. Petersburg,, FL 33707
Phone: 727 / 726-8000 Fax: 727 / 723-1 101

INTERVIEW REQUIRED

NewOWNER:

Placido Gardens Board of Directors, immediately send this application to Ameri-Tech Property Management.

\$150 application fee per person

Address of unit purchased: _____

Closing Date: _____ Title Company: _____

Title Company Address: _____

Realtor Name: _____

Real Estate Company _____ Phone # _____

Address: _____ Fax # _____

New Resident Information

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Current Address: _____ Phone # _____

Work Phone: _____ Cell # _____

Will Occupy ___ Year Round _____ Season _____ Leased _____

Additional Occupants:

Name _____ Relationship _____ Age _____

Vehicle Information:

Year _____ Make _____ Color _____ State _____ Tag # _____

Year _____ Make _____ Color _____ State _____ Tag # _____

Pets:

Small bird _____ Fish ☐ No other pets permitted.

Did you receive a set of Condominium Documents? Yes _____ No _____

Buyer hereby acknowledges that he/she has read and examined the Declaration of Condominium, the Rules and Regulations contained herein and the by-laws of the association and further acknowledges and agrees to abide by each and every term and condition of the same., as well as the Rules and Regulations of the Condominium association. The undersigned further understands and he/she is directly responsible for any and all actions of family members, guests, employees and agents who are in/on the premises of Heather Hill I. I/we certify that all the information provided on this application is honest and accurate.

Buyer's Signature: _____ Date: _____

Buyer's Signature: _____ Date: _____

Director _____ Date: _____ Director _____ Date: _____

BACKGROUND INFORMATION FORM

DATE: _____

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

Managed By: _____

Owned _____

<u>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: _____

By: _____ Hereby allow TENANT CHECK 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 has made an inquiry. I / We cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future. **PLEASE PRINT CLEARLY**

FEDERAL LAW REQUIRED THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS