HARBOR PLACE AT SAFETY HARBOR CONDOMINIUMS

PURCHASE/LEASE APPLICATION

INSTRUCTIONS

The Purchase/Lease application must be filled out completely. Sections which do not apply should be filled in with an 'N/A'. Application must be signed by all applicants, occupants over the age of 18, and the current Unit Owner (or agent). Incomplete forms may be returned or refused.

Applications must be submitted a minimum of 15 days prior to the move-in or closing date. While applications are generally processed quickly, it may take up to 15 days to process. Occupancy prior to Board approval is strictly prohibited; failure to allow enough time for processing may result in your move-in/closing date needing to be postponed.

The entire lease application package, including the items listed in a/b/c below, shall be mailed to: Ameri-Tech Community Management, 24701 US Highway 19 N. Suite 102 Clearwater, FL 33763 OR emailed to: kguider@ameritechmail.com

Completed application shall be submitted in accordance with the following:

- a. A check or money order, made payable to the association, shall be included for the processing of the application. The fee amount is \$150 per applicant (Husband and Wife are considered one. The fee is non-refundable regardless of approval.
- b. A copy of each applicant/occupant's legal ID shall be provided
- c. A copy of the sales contract/lease shall be provided

PROPERTY INFORMATION

Date:	This application is for (circle one):	PURCHASE LEASE	
Property Address: _			
Current Owner Name:		Phone #:	
Property Managemen	t Company (if applicable):		
Property Managemer	nt Contact:	Phone #:	
Owner or Property M	anagement Email:		
Term of Lease:		Planned Move-in Date://	

APPLICANT INFORMATION

T (we) will be. A Pei	rmanent Resident	A Part-Time ResidentR	enting the Unit
Applicant Name:		Co-Applicant Name:	
Social Security #		Social Security Number:	
		Date of Birth:	
		Current Address:	
	· · · · · · · · · · · · · · · · · · ·		
Home Phone #:		Home Phone #:	
		Cell Phone:	
		Current Employer:	
	how long:		
Work Phone/Employer	Phone:	Work Phone/Employer Phone:	
		ICANT INFORMATION	
		-	
Emergency Contact		-	
E mergency Contact Name)	ADDITIONAL APPL	ICANT INFORMATION	
Emergency Contact Name) Pets to occupy unit? Y	ADDITIONAL APPL (Relationship) Tes No	ICANT INFORMATION	
Emergency Contact Name) Pets to occupy unit? Y If yes, provide the followi	ADDITIONAL APPL (Relationship) Tes No	ICANT INFORMATION (Phone #)	
Emergency Contact (Name) Pets to occupy unit? Y If yes, provide the following the f	ADDITIONAL APPL (Relationship) Tes No	ICANT INFORMATION (Phone #)	
Emergency Contact (Name) Pets to occupy unit? Y If yes, provide the following the f	ADDITIONAL APPL (Relationship) Tes No ing: Type: Breed:	(Phone #) Color/Markings:	Weight:

ACKNOWLEDGEMENTS & AUTHORIZATIONS

By signing below, applicants agree that the Board of Directors and/or its agent may institute investigation of criminal background and credit history for each applicant over the age of 18. Accordingly, applicants specifically authorize the Board and/or its agent to make such an investigation and agree to the information contained in this and the attached application may be used for that purpose only. The Board of Directors and their agent will be held harmless from any action or claim by applicants in connection with the use of the information contained herein.

By signing below, I agree for myself and on behalf of any persons who may use or occupy the Condominium Unit, that I will abide by all restrictions as provided in the Governing Documents and Rules and Regulations which are in force at present time, or may be imposed in the future by the Association.

By signing below, applicants attest to have received the following:

- 1. Harbor Place at Safety Harbor Condos Declaration of Restrictions
- 2. Harbor Place at Safety Harbor Condos Rules and Regulations
- 3. Harbor Place at Safety Harbor Condos By-Laws
- 4. Harbor Place at Safety Harbor Condos Articles of Incorporation

By signing below, applicants acknowledge and understand that the acceptance for purchase or lease of a unit at Harbor Oaks Place is conditioned upon the truth an accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms may result in the automatic rejection of this application. WE the owners of The Unit #

Harbor Oaks Place, Inc., for the pmy unit for violations of any rule	ourpose or purposes, regulations, co	es of evicting any tenant or guest that we have as owner est of evicting any tenant or guest that wenants and restrictions. We hereby a	t we may have utilizing assign all rights as may
including the right to collect atto		as may be found within the Florida ts.	Landlord Tenant Law,
(Applicant Signature)	(Date)	(Owner/Agent Signature)	(Date)
(Applicant Signature)	(Date)		
Sale approval to be sent to (Agent/I	Buyer) at:		
		Phone #	
Name & Address of Real Estate Com	pany, Title Compan	y or Other:	
		Fmail:	

HARBOR PLACE AT SAFETY HARBOR CONDO

Resident Information Form

I/We		, per-
spective Resident(s)/Buyer(s) for the property locate	d at	
Managed By: Ameri-Tech Community Management, Inc.	OWNED BY:	-

Owner/Resident Information
Single Married
Social Security #
Full Name
Date of Birth
Driver's License #ST
Current Address
How Long?
Landlord & Phone#
Previous Address
How Long?
Employer:
Occupation
Gross Monthly Income \$
Length of Employment
Work Phone #()
Have you ever been Arrested?Yes _No
Have you ever been Evicted?YesNo
SIGNATURE
Phone #: ()

Spouse/Roo	
Single	Married
Social Security #	<u>-</u>
Full Name	
Date of Birth	
Driver's License #	
Current Address	
How Long?	
Landlord & Phone#	
Previous Address	
How Long?	
Employer:	
Occupation	
Gross Monthly Income \$_	
Length of Employment	
Work Phone #()	
Have you ever been Arres	ited?YesNo
Have you ever been Evict	ed?YesNo
SIGNATURE	
Anna -	