LAS PALMAS TOWNHOMES HOMEOWNERS ASSN., INC.

c/o

AMERI.TECH PROPERTY MANAGEMENT 24701 US Highway 19 N Suite 102 Clearwater, FL 33763

1-727-726-8000

\$150.00 Application Fee SALES/RENTAL INFORMATION SHEET

Sales Application Renta	al ApplicationRental fromtoto
CLOSI	NG DATE:Lot#
Owner / Seller's name:	Phone #
Buyer / Tenant's name:	Phone #
Email addr	ress for Owner Directory Purposes
Complete Name, Contact and	Phone number of Title Company or Attorney Handling the Closing:
Persons who will occupy the above address are as follow	ws:
Name:	Age:Home / Cell:
Jame:	Age:Home / Cell:
Other occupants:	A
/ehicle (s) Make/Model I.	
2-	Tag#
Real Estate Agent (if applicable)	Phone #:
Purchaser (s) states that he has received a copy ofall doc onditions and terms therein. Maintenance Fees, late ch closing of this sale,	cuments, By- laws and Rules and Regulations and has read understood and agrees to abide by all the narges, special assessments, legal fees having been paid in full or will be paid by closing agent at the time of
PLEASE NOTE: Buyer must be provided with:	
_Copies of Documents provided by seller	
_Rules and Regulations provided by seller	
"We declare without reservation that the above inform degulations. I/We have also understood and agree to acc	nation is true and accurate, I /We have read, understood, and agree to abide by the Association's Rules and cept the delinquent account collection procedures by the
Association.	
Owner / Purchaser: (Signature)	Tenant:(Signanrre
(Signature)	(Signature

CUSTOMER NUMER L790_ AMERI-TECH PROPERTY / ASSOCIATION – LAS PALMAS

anaged By:	Owned By:
eby allow TENANT CHECK and or the property owner / manager to inquire into my / our otaininformationforuseinprocessingofthisapplication. J/Weunderstandthatonmy/ourcredacy or any other claim that may arise against TENANT CHECK now or in the future.	r credit file, criminal, and rental history as well as any other personal record, ditfileitwill appeartheTENANTCHECKhasmad eaninquiry. I/ We cannot claim any invasion o
INFORMATION	SPOUSE / ROOMMATE
SINGLE MARRIED	SINGLE MARRIED
OCIAL SECURITY #:	SOCIAL SECURITY #:
:ULL NAME:	FULL NAME:
DATE OF BIRTH:	DATE OF BIRTH:
DRIVER LICENSE #:	DRIVER LICENSE #:
CURRENT ADDRESS:	CURRENT ADDRESS:
HOW LONG?	HOW LONG?
ANDLORD & PHONE	LANDLORD & PHONE:
REVIOUS ADDRESS	PREVIOUS ADDRESS
HOW LONG?	HOW LONG?
MPLOYER:	EMPLOYER:
OCCUPATION:	OCCUPATION:
ROSS MONTHLY INCOME:	GROSS MONTHLY INCOME:
ENGTH OF EMPLOYEMENT:	LENGTH OF EMPLOYMENT:
VORK PHONE NUMBER:	WORK PHONE NUMBER:
HAVE YOU EVER BEEN ARRESTED?	HAVE YOU EVER BEEN ARRESTED:
crRcLE oNE) YES NO	(crRcLE oNE) YES NO
IAVE YOU EVER BEEN EVICTED?	HAVE YOU EVER BEEN EVICTED?
crrcle one) YES NO	(crRcLE oNE) YES
IGNATURE:	SIGNATURE: