



Tarpon Highlands at Lake Tarpon Sail & Tennis Club I Condominium Association, Inc.

SALE AND RENTAL INSTRUCTIONS

To: Unit Owners and Realtors

We welcome your Real Estate Transactions under the following guidelines:

- 1) No 'For Sale' or 'For Rent' signs or other displays or advertising shall be posted on any part of the Common Elements, Limited Common Elements, or Condo Units.
- 2) Anyone wishing to purchase or rent any unit must first complete and submit an Application to the management company AT LEAST 15 DAYS PRIOR to desired closing or occupancy. The following information is needed to complete a transaction:
 - a) Fully Completed Application
 - b) Check for \$75 payable to Tarpon Highlands at Lake Tarpon Sail & Tennis Club I
 - c) Copy of Driver's Licenses
 - d) Copy of the Purchase or Lease Agreement
 - e) Personal Interview with a screening committee or Board Director prior to closing or occupancy

All information is to be mailed together to the management company. A personal interview will be scheduled following receipt. Incomplete information will delay the process.

- 3) Condominium documents including current Rules & Regulations must be supplied to a buyer from the current unit owner. If needed, a full set may be purchased from the management company for \$50.
- 4) Current unit owner must supply a buyer or renter with a pool key, clubhouse key, and post box keys. Replacement pool key may be purchased for \$10 and clubhouse key for \$50. Contact a locksmith for replacement postal box keys.
- 5) Rental Policy: Minimum lease allowed is 4 months.
- 6) Pet Policy: A maximum of two pets are allowed subject to board approval and observance of all pet rules.
- 7) Unit Owners are responsible for all actions of their tenants and guests. All Tenants must read and agree to abide by all association Rules & Regulations and other condominium documents.

The above information is summary in nature. For more details, please refer to the Condominium Documents.

If you should have any questions regarding a sale or rental, please contact:

**Ameri-Tech Community Management
24701 US Highway 19 N Ste. 102
Clearwater, FL 33763
(727) 726-8000**

Tarpon Highlands at Lake Tarpon Sail & Tennis Club I Condominium Association, Inc.

APPROVAL REQUEST FOR OWNERSHIP TRANSFER OR RENTAL

SPECIAL NOTE: This request for approval of ownership transfer or rental must be in the possession of the Board of Directors at least fifteen (15) days *prior* to closing/lease date. A copy of the sales or lease agreement and fee must accompany this request.

Unit # _____ Current Owner: _____ Phone: _____

Purchase _____ Lease _____ Lease Length: _____ Date of Closing / Occupancy: _____

Title Company: _____ Phone: _____ Fax: _____

Real Estate Agent: _____ Phone: _____ Cell: _____

Purchaser(s) / Tenant(s) represent that the following information is true and correct and hereby consents to the association's inquiry and investigation concerning this or any other information provided or deemed necessary for approval of this request. Applicant agrees that a background check may be obtained and any other verification of information regarding this application. Any material misstatements as to the lessees' or buyers' statements contained herein, may be grounds for denial.

1) LIST ALL OCCUPANTS (Maximum of 2 per bedroom allowed)

A) Name: _____ Phone: _____

Date of Birth: _____ SS#: _____ Driver's License #: _____

B) Name: _____ Phone: _____

Date of Birth: _____ SS#: _____ Driver's License #: _____

C) Name: _____

Date of Birth: _____ SS#: _____ Driver's License #: _____

D) Name: _____

Date of Birth: _____ SS#: _____ Driver's License #: _____

E) Name: _____

Date of Birth: _____ SS#: _____ Driver's License #: _____

F) Name: _____

Date of Birth: _____ SS#: _____ Driver's License #: _____

ATTACH SEPARATE SHEET IF NEEDED. PLEASE ATTACH COPY OF DRIVER'S LICENSES FOR ALL DRIVERS

2) LIST PETS (Attach the latest vaccine report for each pet)

A) Description: _____ Rabies Tag #: _____

B) Description: _____ Rabies Tag #: _____

3) LIST ALL AUTOMOBILES:

Make/Model/Year:_____ Color:_____ Tag #:_____

Make/Model/Year:_____ Color:_____ Tag #:_____

Make/Model/Year:_____ Color:_____ Tag #:_____

Make/Model/Year:_____ Color:_____ Tag #:_____

4) CRIMINAL HISTORY: Has any applicant ever been evicted, convicted of a crime or considered a sexual offender by any legal authority: No____ Yes____ If yes, Charges, When, Where:_____

5) RESIDENCE HISTORY

A) Present Address:_____ Owned or Rented:_____

City:_____ State:_____ Zip_____ Dates of Residency_____

Landlord or Mortgage Co:_____ Phone:_____

B) Previous Address:_____ Owned or Rented_____

City:_____ State:_____ Zip_____ Dates of Residency_____

Landlord or Mortgage Co:_____ Phone:_____

6) MAILING ADDRESS AFTER CLOSING: _____

_____ Alternate Phone:_____

Unit to be used as: Permanent Residence____ Seasonal Residence____ Rental Unit:_____

7) EMPLOYMENT, BANK, & CHARACTER REFERENCES

A) Employed by or Retired from:_____

Address:_____

Phone:_____ Years employed____ Occupation/Position:_____

B) Spouse Employed by or Retired from:_____

Address:_____

Phone:_____ Years employed____ Occupation/Position:_____

C) Bank Reference:_____ Phone:_____

Banks Address:_____

D) Personal Reference:_____ Phone:_____

Personal Reference:_____ Phone:_____

8) EMERGENCY CONTACT INFORMATION (list persons to contact in case of a medical or building emergency)

A) Name: _____ Phone(s): _____

Address: _____

B) Name: _____ Phone(s): _____

Address: _____

9) ASSOCIATION FEE (Buyers only)

Buyer will pay the Association's monthly assessment by: Auto Debit Bank Account _____ Check _____
(complete attached)

Purchaser(s) / Tenant(s) states that a copy of the Condominium Documents, including Declaration of Condominium Association Articles of Incorporation, By-Laws, and Rules and Regulations have been received, read, and understood. Purchaser(s) / Tenant(s) hereby agree to abide by all of the conditions and terms therein and all rules and regulations officially enacted hereafter by the Association.

Approval of this request is subject to all financial obligations to the Association, including but not limited to, maintenance fees, late charges, special assessments, legal fees, and application fees having been paid in full at or prior to closing. The Board of Directors has up to thirty (30) days to approve or deny this application.

NO APPLICANT SHALL OCCUPY A UNIT PRIOR TO AN INTERVIEW AND BOARD APPROVAL.

Purchaser / Tenant Signature

Date

Purchaser / Tenant Signature

Date

- Enclose a fee of **\$75** for the first adult and an additional \$50 for every adult over the age of 18 years old
Payable to:

TARPON HIGHLANDS AT LAKE TARPON SAIL & TENNIS CLUB I CONDO. ASSOC. INC.

- Enclose a copy of the Sale or Lease Contract and a copy of Driver's Licenses
- Mail all information to:

Ameri-Tech Community Management
24701 US Highway 19 N Ste. 102
Clearwater, FL 33763

(727) 726-8000

-----Management Use-----

Date Rc'd: _____ Fee Rec'd.: \$ _____ Check #: _____ Copy of Contract Rc'd.: _____

-----Association Use-----

Date Interviewed: _____ Interviewer _____

Signature Decision: _____

1. _____ Approve: _____ Deny: _____ Date: _____

2. _____ Approve: _____ Deny: _____ Date: _____

3. _____ Approve: _____ Deny: _____ Date: _____

Keep in records and copy to management

CUSTOMER NUMBER 2325 - AMERI-TECH

PROPERTY / ASSOCIATION - _____

BACKGROUND INFORMATION FORM

DATE: _____

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

<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: _____
PHONE NUMBER: _____	PHONE NUMBER: _____

IMPORTANT
Please complete this form and return it to
Ameri-Tech with your owner/tenant
application. Applications received without this
form will not be processed.

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