

Placido Gardens Condominium Assn.
c/o Ameri-Tech Property Management, Inc.
24701 US Highway 19 No., Suite 102 ~ Clearwater, FL 33763
Phone: 727 / 726-8000 ~ Fax: 727 / 723-1101

INTERVIEW REQUIRED

New **OWNER:**

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: _____ Phone#: _____
Real Estate Co. _____ Phone#: _____
Address: _____ Fax#: _____

New Resident Information:

Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Current address: _____ Home Phone: _____
Work phone: _____ Cell Phone: _____
Will Occupy: Year Around Seasonal 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 Placido Gardens. 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: _____

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 bill 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

INFORMATION:		SPOUSE /ROOMMATE:	
Sr.NOLE	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 BEFORE 5:00p.m. (11:30p.m. on SAT) WILL BE PROCESSED THE NEXT BUSINESS DAY

TENANT CHECK FAX#: (727) 942-6843

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