

BAY POINTE VILLAS CONDOMINIUM ASSOCIATION, INC

LEASE APPLICATION

Applications **MUST** allow up to
Fifteen **(15)** days for processing and review

All Applications **MUST** be submitted to
AMERI-TECH COMMUNITY MANAGEMENT
Along with your **NON-Refundable \$100.00 Application Fee.**

Please make all Checks or Money Orders payable to
BAY POINTE VILLAS

No application will be processed without the Application fee.

Please attach a copy of the lease to this Application

* Please provide a copy of your driver's license or a photo ID card

Upon Receipt of application and application fee, a background check
will be ordered. Upon Receipt of the findings from the background check
An appointment will be made by the Welcome Committee.
An interview **MUST be held **BEFORE** moving in.**

BAY POINTE VILLAS, APPLICATION FOR APPROVAL OF LEASE

DATE: _____ CLOSING AGENT: _____ PHONE: _____

UNIT: _____ ADDRESS: _____

() Application • Lease

Term of Lease: From _____ to _____

PLEASE PRINT AND FURNISH STREET ADDRESSES, INCLUDING ZIP CODES:

1. Name(s) and address of Lessor:

2. Name(s) of Lessee:

3. Please provide Date of Birth of Lessee:

4. Name of Spouse with Date of Birth:

5. Occupation: _____

6. Home Address: _____

7. Number of Children with ages: _____

8. Pets (Describe including weight – attach picture and shot records):

9. Names of all persons who will occupy this unit:

10. Relationship of each applicant:

11. Home Phone: _____ Mobile: _____ Business: _____

12. Last Address: _____

Name of Landlord (if rental property): _____

Phone Number: _____

Length of Stay: _____ From _____ to _____

Next to Last Address: _____

Name of Landlord (if rental property): _____

Phone Number: _____

Length of Stay: _____ From _____ to _____

**BAY POINTE VILLAS
APPLICATION FOR APPROVAL OF LEASE**

13. **BANK REFERENCE:** _____

This Application is submitted by the undersigned applicant who hereby consents to such inquiry concerning himself and family as the Association deems necessary. The undersigned applicant affirms that he or she has read the foregoing and agrees to observe and abide by the BAY POINTE VILLAS Rules and Regulations, Declaration of Condominium, Bylaws and Land Lease, receipt of copies of which are hereby acknowledged by applicant.

The above information is true and accurate to the best of my knowledge and is provided to **BAY POINTE VILLAS** with the full knowledge that the Association may investigate any information so provided. It is also understood that should the application not be completely or accurately filled out and properly signed, it may be returned not processed and not approved. **FALSIFICATION CONTAINED HEREIN WILL RESULT IN IMMEDIATE REJECTION. I/WE CERTIFY THAT HAVE BEEN PROVIDED WITH, HAVE READ, UNDERSTAND, AND PLEDGE COMPLIANCE WITH THE DOCUMENTS OF BAY POINTE VILLAS CONDOMINIUM ASSOCIATION, INC. A COUPON BOOK SHOULD BE TRANSFERRED TO THE NEW OWNER UPON CLOSING. A BACKGROUND/CREDIT CHECK WILL BE PERFORMED BEFORE ANY APPROVALS.**

SIGNATURE: _____
(Applicant)

SIGNATURE: _____
(Seller, Transferor, or Lessor)

SIGNATURE: _____
(Real Estate Agent)

APPROVED: _____ DISAPPROVED: _____

BAY POINTE VILLAS: _____

By: _____

Please allow a minimum of fifteen (15) days for processing. If approved, and Approval of Application will be mailed to the Seller, Transferor, Lessor or real estate agent at the above address.

Please send your completed application and copy of sales contract to:

**AMERI-TECH COMMUNITY MANAGEMENT
6415 1st Avenue South
St Petersburg, FL 33707**

An application fee of \$100.00 must be submitted with this form.

DATE _____

CUSTOMER NUMBER 2325 – **AMERI-TECH**

TENANT INFORMATION FORM

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

Managed By: _____ Owned By: _____

Hereby allow TENANT CHECK LLC 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 that TENANT CHECK LLC has made an inquiry. I / w e cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY

TENANT INFORMATION:

SINGLE _____ MARRIED _____

SOCIAL SECURITY#: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?

(CIRCLE ONE) YES ☐ NO ☐

HAVE YOU EVER BEEN EVICTED?

(CIRCLE ONE) YES ☐ NO ☐

SIGNATURE:

PHONE NUMBER: _____

EMAIL: _____

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.

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?

(CIRCLE ONE) YES ☐ NO ☐

HAVE YOU EVER BEEN EVICTED?

(CIRCLE ONE) YES ☐ NO ☐

SIGNATURE:

PHONE NUMBER: _____

EMAIL: _____

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGES TO RE-PULL THE REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS
FOR REALTORS / PROPERTY MANAGERS / APT COMPLEXES /
MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS

BAY POINTE VILLAS

Please Return to Ameri-Tech Community Management, Inc.
6415 1st Avenue South, St. Petersburg, FL 33707
E-mail: ackertl@ameritechmail.com – (727) 726-8000 – Fax – (727) 873-7307

EMERGENCY CONTACT INFORMATION FOR OWNER OR TENANT

PROPERTY ADDRESS _____ UNIT _____

Please complete the form below by PRINTING the requested information, sign & date and either hand delivery, mail, or scan & email to Ameri-Tech Community Management c/o LISA ACKER

Homeowners Name(s) _____

Resident Address _____ Unit _____

Mailing Address (if different) _____

Home Telephone Number _____

Work Telephone Number _____ Text Cell Phone: YES or NO

Email _____ Cell # _____

Nearest Contact (relative, friend, neighbor) with a key (in case of emergency)

Name _____ Phone _____

Mailing Address _____

Nearest Relative (in case of emergency)

Name _____ Phone _____

Mailing Address _____

TENANT(s), if applicable _____

Home Telephone Number _____

Work Telephone Number _____ Text Cell Phone: YES or NO

E-mail _____ Cell # _____

Number of Person(s) occupying unit

Adults(s) ____ Children ____

Vehicle(s) ____ Make/Yr ____ Model ____ Color ____ TAG Number ____

PLEASE SIGN AND DATE BELOW:

Owner Signature _____

Date _____

Co-Owner Signature (if applicable) _____

Date _____

☐ I give permission to share my personal information (phone numbers, e-mail & address) with other BAY POINTE VILLAS. owners.