

**Harbor Crest 400 INC.**  
**APPLICATION FOR APPROVAL OF LEASE**

Note: a \$50 per person (Non Refundable) fee payable to the Association must accompany each application in order for it to be considered. A copy of the lessee(s) driver license(s) is required with the application.

Date: \_\_\_\_\_ Occupancy Date: \_\_\_\_\_ Unit # \_\_\_\_\_

From: \_\_\_\_\_  
Owner Lessee(s)

Lessee(s) represent that the following information is true and correct and consent to further inquiry and investigation concerning this information or any information which comes from that inquiry which is necessary for approval of this request.

Persons who will occupy the above condominium unit are as follows:

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Email: \_\_\_\_\_

Lessee(s) Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed By: \_\_\_\_\_ Phone: \_\_\_\_\_

Employers Address: \_\_\_\_\_

Reference: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Automobile - Make: \_\_\_\_\_ Year: \_\_\_\_\_ Tag# \_\_\_\_\_

Automobile - Make: \_\_\_\_\_ Year: \_\_\_\_\_ Tag# \_\_\_\_\_

Number of Pets: \_\_\_\_\_ Type: \_\_\_\_\_ Weight(s) \_\_\_\_\_

Real Estate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

The lessee(s) state that he/she has received a copy of all Condominium Rules and Regulations, and has read, understood, and agrees to abide by all the conditions and terms therein and all reasonable rules and regulations officially enacted hereafter by the Association.

I / We hereby authorize the Association to do a background check, including credit history, and a criminal background check for prospective lessee(s). The results of the background check shall remain confidential. ALL LESSEE'S SIGNATURES SHOULD BE PRESENT.

\_\_\_\_\_  
Owner's Signature    Date    Lessee's Signature    Date

\_\_\_\_\_  
Owner's Signature    Date    Lessee's Signature    Date

**COPY OF LEASE AGREEMENT MUST BE ATTACHED**

Harbor Crest 400 Inc., through its duly authorized Officers, hereby approves the lease between the owner and the lessee(s).

11/2019    By \_\_\_\_\_

Harbor Crest 400 is a 55+ community all homes must have one (1) occupant 55 Years of age in compliance with Fair Housing Law Amendment. HR 1158 as amended from time to time.

All applicants must be interviewed and approved before homes are sold, leased or rented.

Please contact the Management company for a payment coupon and/or to set up auto-pay for the HOA dues.

Management contact information is

Ameri-Tech Community Management, Inc

24701 U.S. Hwy 19 N. Suite 102

Clearwater, FL 33763

727-726-8000 ext 401

amassotto@ameritechmail.com

Please allow up to 30 business days for this Application to be processed.

Welcome Committee:

1. \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_\_ Date: \_\_\_\_\_

3. \_\_\_\_\_ 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 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: _____		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: _____	

**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