Harbor Crest 400, INC. APPLICATION FOR APPROVAL OF SALE

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 purchaser(s) driver license(s) is required with the application.

Date:	Closing Date: _			Unit #	
Purchaser(s) represent tha		true and correct	and consent to fi	Purchaser arther inquiry and investigation necessary for approval of this request.	
	No If the unit is to be copy of the lease prior to lease		rchaser agrees to	supply the Association with an	
Persons who will occupy	the above condominium unit a	re as follows:			
Name:		DOB	Email:		
Name:		DOB	Email:		
Name:		DOB	Email:		
Name:		DOB	Email:		
Purchaser's Present Addre	ess:			Phone:	
Purchasers permanent add	lress after closing and any other	er address to hav	e on file for notic	ces and updates to the association:	
Approximate months plan	nned to be spent at Harbor Cre	st 400 address:			
Reference:	Addres	s:		Phone:	
Automobile: Make:		_Year:		Tag#	
Automobile: Make:		_Year:		Tag#	
Number of Pets:	Type:		Weigh	nt(s)	
Real Estate Agent:				Phone:	
In case of emergency, plea	ase notify:			Phone:	

Purchaser(s) state that he/she has received a copy of all Documents 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.

The approval 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 or will be paid by closing agent at time of closing of the sale.

Seller's Signature		Date	Buyer's Signature	Date
Seller's Signature		Date	Buyer's Signature	Date
Harbor Crest 400, In the following condit		orized Officers,	hereby approves the transfer of owner	rship as stated above subject to
09/2019	Ву		P	resident
	•		e one (1) occupant 55 Years of age in	compliance with Fair Housing
Law Amendment. H	R 1158 as amended from			
			and approved before homes are sold, l	
Please	e contact the Manageme	• •	a payment coupon and/or to set up au	to-pay for the HOA dues.
		_	nent contact information is:	
			neritech Management	
			J.S. Hwy 19 N. Suite 102	
		C	learwater, FL 33763 727-726-8000	
		rkall	y@ameritechmail.com	
		IKCII	ywamenteemnan.com	
	Please allow	w up to 30 busin	ess days for this Application to be pro	cessed.
Welcome Co	ommittee:			
1		Da	te:	
		Da	te:	
2				

I / We hereby authorize the Association to do a background check, including credit history, and a criminal background check for prospective buyers. The results of the background check shall remain confidential. ALL BUYERS SIGNATURE'S

REQUIRED.

CUSTOMER NUMBER 2325 - AMERI-TECH

	PROPERTY / ASSOCIATION -
BACKGROUND INFORMA	ATION 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 inque to obtain information for use in processing of this application. 1/ we unders 1/ we cannot claim any invasion of privacy or any other claim that may arise	ire into my / our credit file, criminal, and rental history as well as any other personal record, tand that on my / our credit file it will appear the TENANT CHECK has made an inquiry.

INFORMATION:	SPOUSE / ROOMMATE:		
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