Windrush Bay Condominium Association, Inc.

C/O Ameri-Tech Community Management, Inc. 24701 US 19 N., Suite 102, Clearwater, FL 33763 727-726-8000

☐ Purchaser	or	□ Tenant
Application (l	Please	check one)

At least two weeks prior to lease signing and occupancy, a purchaser and/or tenant **MUST** complete this application and return it to Ameri-Tech Property Management at the above address along with a \$100.00 non-refundable fee payable to Windrush Bay Condominium Association. Incomplete applications will be returned without approval.

Basic Requirements

- Minimum lease period shall be at least three (3) or maximum of twelve (12) months.
- Copy of lease or sale agreement must be attached.
- Must be filed each time there is a new owner, rental or renewed rental.

All of the governing documents of the Windrush Bay Condominium Association shall apply to any purchaser, tenant, and owner/landlord. Any **Changes(s)** to the original approved application shall require a new completed application. THE ASSOCIATION'S GOVERNING DOCUMENTS PROHIBIT **SUB-LEASING.** If a single tenant violates any of the Association's governing documents, the Association has the right to terminate the lease and evict all of the tenants. The Association also reserves the right to refuse approval of the lease renewal for tenants that violates the Association's governing documents. Please note, Ameri-Tech Community Management, Inc. will request a background check prior to purchase and lease approval.

Name of present owner	Unit #
Property address of unit	

Purchaser/Tenant Information

Applicant	Co-Applicant
Name	Name
Address	Address
City/State/Zip	City/State/Zip
SS#	SS#
Driver's License # State	Driver's License # State
Date of Birth	Date of Birth
Telephone #	Telephone #
E -Mail Address:	E -Mail Address:
Number of other tenants	
Name	Date of Birth
Name	Date of Birth

	Own Rent Payment/Month	
Landlord's Name	Phone ()	
Reason for Moving		
Name of Bank	Checking Savings	
Bank Location		
Water Bed Yes No		
Pet Yes No	If Yes, Type	
Weight lbs.	717 J.F.1	
Please Note: One pet maximum. Not to exc	reed 20 pounds when full grown.	
2 rease there. One per manufacture to ene	coa zo poantas mien jan gromm	
Vehicle Information:		
Number of Vehicles		
Make	Model	
Year	Color	
License	State	
Make	Model	
Year	Color	
License	State	
Applicant's Employer Information:		
Name	Name	
Address	Address	
C:4/C4-4-/7:		
LUIV/State/Zip	City/State/Zip	
City/State/Zip Phone ()	City/State/Zip Phone ()	
Phone ()	Phone ()	
<u> </u>		
Phone () Occupation How Long? Years	Phone () Occupation	
Phone () Occupation How Long? Years Provide three (3) References	Phone () Occupation	
Phone () Occupation How Long? Years Provide three (3) References Previous Landlord:	Phone () Occupation	
Phone () Occupation How Long? Years Provide three (3) References Previous Landlord: Employer:	Phone () Occupation	
Phone () Occupation How Long? Years Provide three (3) References Previous Landlord:	Phone () Occupation	
Phone () Occupation How Long? Years Provide three (3) References Previous Landlord: Employer:	Phone () Occupation How Long? Years	
Phone () Occupation How Long? Years Provide three (3) References Previous Landlord: Employer: Other: In Case of Emergency—Provide Three (3) Name:	Phone () Occupation How Long? Years	
Phone () Occupation How Long? Years Provide three (3) References Previous Landlord: Employer: Other: In Case of Emergency—Provide Three (3) Name: Address:	Phone () Occupation How Long? Years) Contacts	
Phone () Occupation How Long? Years Provide three (3) References Previous Landlord: Employer: Other: In Case of Emergency—Provide Three (3) Name: Address: City/State/Zip:	Phone () Occupation How Long? Years	
Phone () Occupation How Long? Years Provide three (3) References Previous Landlord: Employer: Other: In Case of Emergency—Provide Three (3) Name: Address: City/State/Zip: Name:	Phone () Occupation How Long? Years) Contacts	
Phone () Occupation How Long? Years Provide three (3) References Previous Landlord: Employer: Other: In Case of Emergency—Provide Three (3) Name: Address: City/State/Zip: Name: Address:	Phone () Occupation How Long? Years Contacts Phone:	
Phone () Occupation How Long? Years Provide three (3) References Previous Landlord: Employer: Other: In Case of Emergency—Provide Three (3) Name: Address: City/State/Zip: Name:	Phone () Occupation How Long? Years) Contacts	

Address:	
City/State/Zip:	Phone:

Purchaser or Lease Data

Realtor Firm Name	Proposed Closing date (i	f new owner)	
Realtor Name	If Lease Start Date		
Address	End Date		
Phone ()	(Purchasers Only) Unit	to be used for:	
Fax # ()	Circle all	Circle all that apply	
E-Mail Address:	Rental Property	Vacation Property	
	Full-Time Residence	Seasonal	

If Realtor is not involved please list information of person or company handling closing or	
leasing agreement (Attorney, Owner, Title Company, etc.):	
Name/Address:	
Phone ()	

Purchaser:	Upon completion of purchase you will become a member of the Association. All fees and
assessments	s required by the Association are due and payable the first of each month. Delinquent fees are
"Subject to	a Lien on the Property." The current monthly maintenance fee for Unit # is
\$. Please note the maintenance fee is subject to change as set by the Association's governing
documents.	

By signing below, I attest that all of the information provided in this application is true and correct to the best of my knowledge and I authorize the Association and/or Ameri-Tech Community Management to conduct a background check or other investigation to verify the information in this application. Furthermore, I hereby acknowledge that I have received a copy of, read, and understand the Association's Governing Documents and agree to abide by all of the Association's Governing Documents.

In signing, you will ensure the tenants will comply or you will be legally liable for any violations they incur.

Note: All rules must be adhered to, or lease will not be renewed.

NOTE: No tenant shall be permitted to occupy a unit without approval of this application by the Board of Directors of Windrush Bay Condominium Association. Driver's license #'s and social security #'s are used for background checks and will be removed from the form prior to distribution to the Association.

Tenant Applicant's Signature	Date
Tenant Applicant's Signature	Date
Owner/Agent Applicant's Signature	Date
Owner/Agent Applicant's Signature	Date
 At least Fourteen (14) days prior to occupancy complete the following steps Complete this application in its entirety Return this application to the real estate agent Real estate agent is to forward application and lease or purchase agr Windurush Bay Condominium Association, Inc C/O Ameri-Tech Community Management, Inc 24701 US 19 N., Suite 102, Clearwater, FL 337 	reement to: c. c. 63
Ameri-Tech Community Management, Inc. will process the application/ag Board of Directors for review and approval. Upon completion of this document, and provided all parties are in agreement with Windrush Bay Co Governing Documents, the new owner or tenant may begin the process of or	process and approval of this ondominium Association, Inc.
IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPE BASIS OF RACE, RELIGION, NATIONAL ORIGIIN, AGE OR E STATE LAWS MAY INCLUDE ADDITIONAL CLASSES WHICH DISCRIMINATION IN HOUSING.	DISABILITY. LOCAL OR
To Be Completed By Association:	
APPROVED / DENIED	DATE: