

The Hemingway Condominium Association, Inc.

c/o Ameri-Tech Community Management Partners, LLC.

6415 1st Avenue South St Petersburg, FL 33707

Office: (727) 726-8000 Ext 273 Fax: (727) 873-7307

James Myrthil, LCAM Email: jmyrthil@ameritechmail.com

Sales / Lease Application

This application form should be fully completed to include the authorization for release of criminal background report and have attached to it:

- A copy of all the proposed sale or lease documents
- Application fee of \$150.00 for all Sales and Leases, checks should be made payable to The Hemingway Condo Association, Inc. per person 18 years of age and up that are listed on title/lease.

Please return this completed application to: The entire lease application package, including the items listed in a/b/c below, shall be mailed to: Ameri-Tech Community Management Partners, LLC., 6415 1st Ave South, St. Petersburg FL 33707 OR emailed to: jmyrthil@ameritechmail.com

Note: Missing or incomplete information will cause the application to be returned without action. This information is confidential pursuant to Florida Statute Chapter 718.111(12)(c)2.

Unit # _____ Choose One: ☐ Sale ☐ Lease

Dates of Lease: from _____ to _____

Expected Date of Closing: _____

Check which use you intend for your unit: Full-time Resident ☐ Second Home ☐ Rent ☐

Applicant's Information

Full Name _____

Telephone: _____ Email: _____

Current Address: _____

Co-Applicant's Information

Full Name _____

Telephone: _____ Email: _____

Current Address: _____

The Hemingway Condominium Association, Inc.

References:

Name _____ Date _____

Name _____ Date _____

Names and ages of person(s) occupying the Unit:

Many Associations have restrictions on the number of individuals occupying the unit. Please check the Association by-laws to ensure that you will be in compliance.

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Vehicle Information

Make / Model _____ License Number _____

Make / Model _____ License Number _____

PET DISCLOSURE: Will a pet be at the Hemingway Condos? Check: Yes ☐ No ☐

If yes, please review the Hemingway Condos Association Inc. Pet Policy and complete the additional form.

Mailing address if different than property addresses: _____

In case of emergency, please notify: _____

Documents & Agreement (sign below)

I/We have received and read the Condominium Rules and Regulations (Sale or Lease) and the Declaration of Condominiums, Articles of Incorporation and By-Laws (sales) and I/We agree to abide by same.

Applicant _____ Co-Applicant _____

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.

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: _____

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: _____

PLEASE PRINT CLEARLY

FEDERAL LAW REQUIRED THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS