

A Florida Not-For-Profit Corporation
SABAL POINTE TOWNHOME COMMUNITY, INC.

PURCHASE / LEASE APPLICATION

NOTE: A \$50.00 NON-REFUNDABLE FEE FOR REVIEW AND PROCESSING OF ANY TRANSFER OF USE BY SALE, LEASE, OR OTHER, IS DUE AT THE TIME THIS APPLICATION IS SUBMITTED. THIS ASSOCIATION WILL ALSO PERFORM A BACKGROUND CHECK ON EACH ADULT.

This application is for: SALE _____ LEASE _____ CO-RESIDENT _____

LEASE PERIOD – FROM: _____ TO _____

ADDRESS OF PROPERTY: _____ Clearwater, FL 33763

NAME OF PRESENT OWNER(S): _____

MAILING ADDRESS OF OWNER(S): _____

No Commercial trucks or vehicles, RV's, boats or trailers (Please see Declaration of Covenants for specifics)

Maximum of one (1) dog under twenty pounds and a maximum of two (2) cats

PERSONAL DATA OF PURCHASER(S), LESSEE(S) OR ADULT OCCUPANT(S) OVER THE AGE OF 18 SEPARATE APPLICATION AND FEE IS REQUIRED FOR OTHER THAN SPOUSE AND BONA FIDE DEPENDANT.

NAME: _____ BIRTH DATE ____/____/____ PHONE: _____

DRIVER'S LICENSE NO: _____ VEHICLE #1: _____

SOCIAL SECURITY: _____ (required)

NAME: _____ BIRTH DATE ____/____/____ PHONE: _____

DRIVER'S LICENSE NO: _____ VEHICLE #1: _____

SOCIAL SECURITY: _____ (required)

CURRENT ADDRESS: _____ HOW LONG: _____

LESSEE'S FORMER LANDLORD ADDRESS/PHONE: _____

PURCHASER(S)/LESSEE(S): (if retired, prior employment)

CURRENT EMPLOYER: _____ PHONE: _____

OCCUPATION: _____ HOW LONG: _____

FORMER EMPLOYER: _____ PHONE: _____ HOW LONG: _____

ANY OTHER NON-RELATED ADULT APPLICATION MUST COMPLETE A SEPARATE APPLICATION FORM.
PLEASE LIST THE NAMES OF OTHER FAMILY MEMBERS WHO WILL OCCUPY THIS UNIT WITH THE OWNER OR LESSEE(S):

HAVE YOU EVER BEEN EVICTED? _____
HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____

HAVE YOU EVER BEEN IN LITIGATION WITH LANDLORD OR CONDOMINIUM ASSOCIATION? _____

IF YES, PROVIDE DETAILS AS TO DATE, LOCATION AND OTHER PERTINENT INFORMATION _____

A Florida Not-For-Profit Corporation
SABAL POINTE TOWNHOME COMMUNITY, INC.

NAME OF REAL ESTATE AGENT OR PERSON HANDLING TRANSACTION: _____

ADDRESS: _____ PHONE NO: _____

PURCHASER(S) ONLY: PURCHASER(S) UNDERSTANDS THAT SHE/HE/THEY WILL AUTOMATICALLY BECOME A MEMBER OF THE CONDOMINIUM ASSOCIATION AND THAT ALL DULY ENACTED ASSESSMENTS OF THE ASSOCIATION ARE DUE AND PAYABLE AS ENACTED AND IF UNPAID, ARE SUBJECT TO A *CLAIM OF LIEN* TO BE PLACED UPON THE UNIT: _____ (Initial)

PURCHASER(S) & LESSEE(S): AUTHORIZE THE ASSOCIATION OR MANAGING AGENT TO SECURE CREDIT AND ANY OTHER INFORMATION DEEMED NECESSARY IN APPROVING THIS APPLICATION. _____ (Initial)

PURCHASER(S) HAS/HAVE RECEIVED THE FOLLOWING: DECLARATION: _____
BY-LAWS: _____; ARTICLES OF INCORPORATION: _____
CURRENT BUDGET: _____

PURCHASER(S) HAS/HAVE READ THE ABOVE STATED DOCUMENTS AND AFFIRM THAT SHE/HE/THEY WILL ABIDE BY ALL CONDITIONS AND TERMS OF SAID DOCUMENTS AS NOW ENACTED OR WILL BE DULY ENACTED OR AMENDED IN THE FUTURE: _____

LESSEE(S) HAVE RECEIVED AND READ THE RULES & REGULATIONS AND AFFIRM THAT SHE/HE/THEY WILL ABIDE BY ALL THE CONDITIONS AND TERMS OF SAID RULES AND REGULATIONS AS NOW ENACTED OR WILL BE DULY ENACTED IN THE FUTURE: _____

PROPOSED MOVE IN DATE: _____, IF LEASE, EXPIRATION DATE: _____
NO LEASE SHALL BE FOR LESS THAN ONE (1) YEAR PERIOD.

APPLICANT(S) SIGNATURE(S):

DATE: _____ WITNESS: _____

DATE: _____ WITNESS: _____

DELIVER OR MAIL TO:

Sabal Pointe Townhome Community
c/o Ameri-Tech Community Management, Inc.
24701 US Highway 19 North, Suite 102
Clearwater, FL 33763

AN INTERVIEW BY THE BOARD OF DIRECTORS **MAY** BE COMPLETED PRIOR TO APPROVAL OF THIS APPLICATION AND BEFORE CLOSING OF SALE OR LEASE.

APPROVED _____ DISAPPROVED _____

PRINT NAME	TITLE	SIGNATURE	DATE
------------	-------	-----------	------

PRINT NAME	TITLE	SIGNATURE	DATE
------------	-------	-----------	------