

Walsingham Condominiums

Rental Application Request for Approval

In accordance with the Declaration of Condominium, the following information must be submitted to the Board of Directors for consideration before approval is granted for the rental of your unit.

PLEASE RETURN THIS FORM TO: Ameri-Tech Community Management
6415 1st Avenue South
St. Petersburg, FL 33707

Owner's Name: _____

Unit#: _____ Parking Space #: _____

\$50.00 Association Processing Fee enclosed/ attached.

Renter's Name: _____

Phone: _____

I hereby state that I the renter have received the Condominium Association Rules and Regulations as they pertain to the above unit and to the community. I understand the unit will be limited to "single family" occupancy with restrictions on the number of persons occupying the unit at any one time.

Number of adults to occupy unit: _____

Number of children to occupy unit: _____

Renter Signature

Date

Print Name

Renter Signature

Date

Print Name

Initial Pets are not allowed. Walsingham Apartments / Rules and Regulations

Initial Smoking is not allowed in any common area to include the pool.

Ameri-Tech Community Management, Inc.

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: _____ HOW LONG? _____	CURRENT ADDRESS: _____ HOW LONG? _____
LANDLORD & PHONE: _____	LANDLORD & PHONE: _____
PREVIOUS ADDRESS: _____ HOW LONG? _____	PREVIOUS ADDRESS: _____ 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: _____

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

Ameri-Tech Community Management, Inc.