

LAKE OVERLOOK UNIT 4 ASSOCIATION, INC.

LEASE APPLICATION

INSTRUCTIONS

This Lease application must be filled out completely. Sections which do not apply should be filled in with 'N/A'. Application must be signed by all applicants, occupants over the age of 18, and the current Unit Owner (or agent). Incomplete forms may be returned or refused.

Applications must be submitted a minimum of 30 days prior to the move-in date. While applications are generally processed quickly, it may take up to 30 days to process. **Occupancy prior to Board approval is strictly prohibited; failure to allow enough time for processing may result in your move-in date needing to be postponed.**

Completed application shall be submitted in accordance with the following:

- a. A check or money order, made payable to the association, shall be included for the processing of the application. The fee amount is **\$100 per applicant** over the age of 18. The fee is non-refundable regardless of approval.
- b. A copy of each applicant/occupant's legal ID shall be provided.
- c. A copy of a valid Lease shall be provided.
- d. The entire lease application package, including the items listed in a/b/c above, shall be mailed to:

**Lake Overlook Unit 4 Association, Inc.,
c/o Ameri-Tech Community Management Partners
24701 U.S. Hwy 19 North, Suite 102
Clearwater, FL 33763**

OR emailed to: GReed@AmeriTechMail.com

PROPERTY INFORMATION

Application Date: ____ / ____ / ____

Property Address: _____

Current Owner Name: _____ Phone #: _____

Property Management Company (if applicable): Ameri-Tech Community Management Partners, LLC

Property Management Contact: Gloria Reed, Community Manager, LCAM Phone #: (727) 726-8000 x504

Owner or Property Management Email: GReed@AmeriTechMail.com

Term of Lease: ____ / ____ / ____ to ____ / ____ / ____ Planned Move-in Date: ____ / ____ / ____

Are any Applicants Service Members? YES or NO (check one)

If yes, Applicants Name: _____

APPLICANT INFORMATION

Applicant Name:	Co-Applicant Name:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
Current Address:	Current Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Current Employer:	Current Employer:
Employed for how long:	Employed for how long:
Work Phone/Employer Phone:	Work Phone/Employer Phone:

ADDITIONAL OCCUPANTS

(Provide Social Security Number if Occupant is 18 or older)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE & DOB</u>	<u>SOCIAL SECURITY #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL APPLICANT INFORMATION

Previous Landlord References

_____ (Name of Landlord)	_____ (Contact Phone Number)	_____ (Last Date of Occupancy)
_____ (Name of Landlord)	_____ (Contact Phone Number)	_____ (Last Date of Occupancy)

Emergency Contact

_____ (Name)	_____ (Relationship)	_____ (Phone #)
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Pets to Occupy Unit? Yes ____ No ____

If yes, provide the following: Type: _____ Breed: _____ Weight: _____
 Color/Markings: _____

Automobiles:

Vehicle #1	Vehicle #2
Year: ____ Make: _____ Model: _____	Year: ____ Make: _____ Model: _____
Color: _____ Tag: _____ State: _____	Color: _____ Tag: _____ State: _____

ACKNOWLEDGEMENTS & AUTHORIZATIONS

By signing below, applicants agree that the Board of Directors and/or its agent may institute investigation of criminal background and credit history for each applicant over the age of 18. Accordingly, applicants specifically authorize the Board and/or its agent to make such an investigation and agree to the information contained in this and the attached application may be used for that purpose only. The Board of Directors and their agent will be held harmless from any action or claim by applicants in connection with the use of the information contained herein.

By signing below, Unit Owner and applicants/occupants understand that, per the Governing Documents of the Association, the minimum rental period is no less than 6 months. Units are not to be rented for more than one rolling twelve (12) month period. **Unit owner MUST own unit for two (2) years before being eligible to rent their unit out.**

By signing below, I agree for myself and on behalf of any persons who may use or occupy the Condominium Unit, that I will abide by all restrictions as provided in the Governing Documents and Rules and Regulations which are in force at present time, or may be imposed in the future by the Association.

By signing below, applicants attest to the following:

1. I have received a copy of the Rules and Enforcement Policy: Yes No

By signing below, applicants acknowledge and understand that the acceptance of lease of a unit at Lake Overlook Unit 4 Association, Inc. is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms may result in the automatic rejection of this application.

I/WE, the owners of **4595 Chancellor St NE, Unit # _____, St. Petersburg, FL 33703** or **4601 Chancellor Cir NE, Unit # _____, St. Petersburg, FL 33703**, hereby, hereby assign all rights that we have as owners and landlords to Lake Overlook Unit 4 Association, Inc., for the purpose or purposes of evicting any tenant or guest that we may have utilized within our unit for violations of any rules, regulations, covenants and restrictions. We hereby assign all rights as may exist to the association for the right of eviction as may be found within the Florida Landlord Tenant Law, including the right to collect attorney fees and costs.

(Applicant Signature)	(Date)	(Owner/Agent Signature)	(Date)
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(Applicant Signature)	(Date)	(Owner/Agent Signature)	(Date)
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