

**APPROVAL REQUEST FOR OWNERSHIP TRANSFER/SALE
PRELUDE 80 CONDOMINIUM ASSOCIATION**

SPECIAL NOTE: This request for approval of ownership transfer must be in the possession of AmeriTech (15) days prior to closing. All supporting documents and a check for \$100. must accompany this application. Applicants must be interviewed by 2 Board members prior to approval. **THIS IS A RESIDENT BUILDING ONLY. RENTING YOUR UNIT IS NOT ALLOWED ____ Initial**

Seller: _____ Purchaser: _____

Unit Address: _____ Date of Closing: _____

Title Company: _____ Phone: _____ Fax: _____

Real Estate Agent: _____ Phone: _____

Purchaser(s) represents that the following information is true and correct and hereby consents to the Association's inquiry and investigation concerning this or any other information provided or deemed necessary for approval of this request. Applicant agrees that a complete background check, including credit and criminal history, MAY be obtained as well as any other verification of information regarding this application. Any material misstatements as to the buyer's statements contained herein, may be grounds for denial.

1) LIST ALL PURCHASERS AND OCCUPANTS:

A) Name: _____ Phone: _____

Date of Birth: _____ Email: _____

B) Name: _____ Phone: _____

Date of Birth: _____ Email: _____

C) Name: _____ Phone: _____

Date of Birth: _____ Email: _____

D) Name: _____

Date of Birth: _____

2) LIST ALL AUTOMOBILES (Maximum of 2 vehicles allowed)

Make/Model/Year: _____ Color: _____ Tag #: _____

Make/Model/Year: _____ Color: _____ Tag #: _____

3) DESCRIPTION OF PET: (NO DOGS. one cat, small birds or fish are allowed) _____ Initial

Type, Weight, color etc.

4) RESIDENCE HISTORY:

A) Present Address: _____ Owned or Rented: _____

City: _____ State: _____ Zip: _____ Dates of Residency: _____

5) MAILING ADDRESS AFTER CLOSING: _____

Alternate Phone: _____

6) EMPLOYMENT HISTORY

A) Employed by or Retired from: _____

Address: _____ Phone: _____

7) EMERGENCY CONTACT INFORMATION (list persons to contact in case of a medical or building emergency)

A) Name: _____ Phone: _____

Address: _____

B) Name: _____ Phone: _____

Address: _____

8) PHONE CONSENT

If you would NOT like to have your phone number included in the Resident director, please circle your preference.

Phone number included: YES NO

Purchaser(s) states that a copy of the Condominium Documents, Including Declaration of Condominium, Articles of Incorporation, By-Laws, and Rules and Regulations have been received, read, and understood. Purchaser(s) hereby agrees to abide by all of the conditions and terms therein and all rules and regulations officially enacted hereafter by the Association. _____ Initial here

Approval of this request is subject to all financial obligations to the association, including but not limited to, Maintenance fees, late charges, special assessments, legal fees, and application fees having been paid in full at or prior to closing.

NO OCCUPANCY SHALL OCCUR PRIOR TO INTERVIEW AND BOARD APPROVAL

Purchaser Signature Date

Purchaser Signature Date

_____ ENCLOSE A FEE OF \$100 PAYABLE TO:
PRELUDE 80 CNODOMINUM ASSOCIATION

_____ ENCLOSE A COPY OF THE SALE CONTRACT

_____ ENCLOSE A COPY OF ALL DRIVER'S LICENSES

MAIL ALL ABOVE REQUESTED INFORMATION TOGETHER TO:
AMERI-TECH
24701 US Hwy 19 SUITE 102
Clearwater, FL 33763 Office Phone: (727) 726-8000

-----Management Use-----

Date Rec'd: _____ Fee Rec'd: \$_____ Check #: _____ Copy of Contract Rec'd: _____

Background Check: _____ To Board on: _____

-----Association Use-----

Interviewed by: _____ Date: _____

_____ Date: _____

Approved: _____ Deny: _____ Notes: _____

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: _____	CURRENT ADDRESS: _____
_____ HOW LONG?	_____ HOW LONG?
LANDLORD & PHONE _____	LANDLORD & PHONE: _____
PREVIOUS ADDRESS _____	PREVIOUS ADDRESS _____
_____ HOW LONG?	_____ HOW LONG?
EMPLOYER: _____	EMPLOYER: _____
OCCUPATION: _____	OCCUPATION: _____
GROSS MONTHLY INCOME: _____	GROSS MONTHLY INCOME: _____
LENGTH OF EMPLOYEMENT: _____	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: _____