SEVILLE CONDOMINIUM #7 INC.
SALES/LEASES/OCCUPANCY APPLICATION

THIS APPLICATION MUST BE IN THE POSSESSION OF THE ASSOCIATION TEN (10) DAYS PRIOR TO CLOSING OR EFFECTIVE DATE OF THE CONTRACT. A COPY OF SALES/LEASE OR OCCUPANCY AGREEMENT MUST ALSO ACCOMPANY THIS REQUEST. APPLICANT MUST READ RULES & REGULATIONS AND CONDOMINIUM OWNERSHIP DOCUMENTS BEFORE CLOSING OR START OF AGREEMENT. The unit owner should supply them to the buyer/ lessee/occupant at time of contract acceptance. If owner does not have a copy, they may be purchased through the Association. Please send all information to Seville Condominium #7 Inc. (Attention: Lobby Box) 2635 Seville Blvd. Clearwater, Florida 33764. **A non-refundable application fee of $150.00 per person must accompany this application along with a PHOTO ID. Occupancy Approval will not be given until interview has been completed.**

FROM_____ **TO**_____
Owner/ Seller **Purchaser/Lessee/Occupant**

ADDRESS:_____

CLOSING/OCCUPANCY DATE:_____

Purchasers/Lessees/Occupants represent that the following information is true and correct, and consent to further inquiry and investigation concerning this information or any information that comes from that inquiry, should it become necessary to process this request. **Criminal background checks are done on all applicants. Please sign in the space below to grant permission.**

(A) Is unit to be leased? YES_____ NO_____ If unit is to be leased; purchaser agrees to supply the Board with Notification of lease, all applicable fees and a copy of lease prior to rental occupancy. **PERSONS WHO WILL OCCUPY THE ABOVE UNIT ARE AS FOLLOWS:**

NAME:_____ _____
Signature **Please Print Name**

NAME:_____ _____
Signature **Please Print Name**

(IF ADDITIONAL PEOPLE WILL OCCUPY UNIT, ATTACH A SEPARATE SHEET AS AN ADDENDUM)

(B) PRESENT ADDRESS:_____

PRESENT PHONE: _____

EMAIL: _____

(C) PERMANENT ADDRESS
AFTER CLOSING:_____

PHONE: _____

(D) TITLE COMPANY:_____

ADDRESS:_____

PHONE: _____ EMAIL:_____

(E) REAL ESTATE AGENT_____

ADDRESS:_____

PHONE: _____ EMAIL:_____

Purchaser/lessee/occupant states a copy of Condominium/Homeowner documents, including Declaration of Condominium, Articles of Incorporation, By Laws, and Rules and Regulations have been received, read, and understood and agree to abide by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter officially by the Association.

This approval is subject to all financial obligations to the Association, including, but not limited to (if applicable): maintenance fees, late charges, special assessments, legal fees, and application fees having been paid in full or will be paid by seller at the time of closing/lease/occupancy.

Copy of Sales /Lease/occupancy agreement is attached. _____
Application Fee is attached. _____

_____ _____
Signature of Owner/Seller Signature Purchaser/Lessor/occupant
1

_____ _____
Signature of Owner/Seller Signature Purchaser/Lessor/occupant

ATTENTION BUYER & SELLER: Please have the closing agent remit an estoppel letter to the Association at least (10) business days prior to closing to ensure that your Association fees are paid in full. Non- payment of maintenance fees creates a lien on the property and the lien must be satisfied before closing.

In order to update Association rosters, please have closing agent send copy of Recorded Warranty Deed To:

SEVILLE CONDOMINIUM # 7 INC.
(ATTENTION: LOBBY BOX)
2635 SEVILLE BLVD.
CLEARWATER, FLORIDA 33764
(727) 799-4110

INTERVIEW /APPROVED BY: _____

TITLE: _____

DATE: _____

DATE _____ CUSTOMER NUMBER _____

TENANT INFORMATION FORM

I / We _____, prospective tenant(s) / buyer(s) for the property located at _____,

Managed By: _____ Owned By: _____,

Hereby allow TENANT CHECK LLC and or the property owner / manager to inquire into my / our 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 file it will appear the TENANT CHECK LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY

TENANT INFORMATION:

SINGLE_____ MARRIED _____

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 _____

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: _____

TENANT CHECK HOURS OF OPERATION:
MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.
SATURDAY : 11:00 a.m. - 4:00p.m.
ALL ORDERS RECEIVED AFTER 3:00 p.m. (2:00 p.m. on Sat.)WILL BE PROCESSED THE NEXT BUSINESS DAY

email@tenantcheckllc.com

IF THE WRONG INFORMATION IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS

FEDERAL LAW REQUIRES THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS (tenant check application rev. 03/2015)