

(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 of Purchaser/Lessor/occupant

Signature of Owner/Seller

Signature of 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: LOBBYBOX)
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 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 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

<u>TENANT 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 <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>
SIGNATURE: _____	SIGNATURE: _____
PHONE NUMBER: _____	PHONE NUMBER: _____

IMPORTANT

Please complete this form and return it to Ameri-Tech with your owner/tenant application. Applications received without this form will not be processed.

IF THE WRONG SOCIAL SECURITY NUMBER 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