

# HARBOR OAKS PLACE ASSOCIATION, INC.

## PURCHASE/LEASE APPLICATION

### INSTRUCTIONS

The Purchase/Lease application must be filled out completely. Sections which do not apply should be filled in with an '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 15 days prior to the move-in or closing date. While applications are generally processed quickly, it may take up to 15 days to process. Occupancy prior to Board approval is strictly prohibited; failure to allow enough time for processing may result in your move-in/closing date needing to be postponed.

The entire lease application package, including the items listed in a/b/c below, shall be mailed to: Ameri-Tech Community Management, 24701 US Highway 19 N. Suite 102 Clearwater, FL 33763 OR emailed to: [tserrano@ameritechmail.com](mailto:tserrano@ameritechmail.com)

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 \$150 per applicant (Husband and Wife are considered one. 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 the sales contract shall be provided

### PROPERTY INFORMATION

Date: \_\_\_\_\_ This application is for (circle one):      PURCHASE      LEASE

Property Address: \_\_\_\_\_

Current Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Management Company (if applicable): \_\_\_\_\_

Property Management Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner or Property Management Email: \_\_\_\_\_

Term of Lease:      \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_      Planned Move-in Date: \_\_\_/\_\_\_/\_\_\_

**APPLICANT INFORMATION**

Buyer ONLY I will be: A Permanent Resident \_\_\_ A Part-Time Resident \_\_\_ Renting the Unit \_\_\_

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

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

**ADDITIONAL OCCUPANTS**

(Provide Social Security number if occupant is age 18 or older)

| <u>NAME</u> | <u>RELATIONSHIP</u> | <u>AGE &amp; DOB</u> | <u>SOCIAL SECURITY #</u> |
|-------------|---------------------|----------------------|--------------------------|
| _____       | _____               | _____                | _____                    |
| _____       | _____               | _____                | _____                    |
| _____       | _____               | _____                | _____                    |

**ADDITIONAL APPLICANT INFORMATION**

**Emergency Contact**

\_\_\_\_\_  
(Name) (Relationship) (Phone #)

**Pets to occupy unit?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, provide the following:** Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Weight: \_\_\_\_\_

**Automobiles**

**Vehicle #1**  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
 Tag #: \_\_\_\_\_ State: \_\_\_\_\_

**Vehicle #2**  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ 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, 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 all Condominium Governing Documents:  Yes  No (not required for leases)
- 2. I have received a copy of the Rules and Enforcement Policy:  Yes  No (required for lease & sale)
- 3. I have received a copy of the year-end financial report:  Yes  No (not required for leases)

By signing below, applicants acknowledge and understand that the acceptance for purchase or lease of a unit at Harbor Oaks Place 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.

WE the owners of The Unit # \_\_\_\_\_, hereby assign all rights that we have as owners and landlords to The Harbor Oaks Place, Inc., for the purpose or purposes of evicting any tenant or guest that we may have utilizing my 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)

\_\_\_\_\_  
(Applicant Signature)                      (Date)

Sale approval to be sent to (Agent/ Buyer) at:

\_\_\_\_\_ Phone # \_\_\_\_\_

Name & Address of Real Estate Company, Title Company or Other:

\_\_\_\_\_ Email: \_\_\_\_\_