RAINTREE VILLAGE CONDOMINIUM, INC.
2101 SUNSET PONT ROAD
CLEARWATER, FLORIDA 33765

Dear Unit Owner or Prospective Resident:

Enclosed are the Forms required to be completed and returned before an interview is scheduled. Please read all forms carefully and complete fully and accurately. An incomplete form will hold up the scheduling of your Interview. Return all completed forms and a non refundable check in the amount of $150.00 made payable to **RAINTREE VILLAGE**, for processing to:

Ameri-Tech Community Management Partners, LLC / Raintree Village
24701 US 19 Highway North Suite #102
Clearwater, Fl. 33763

You will also need to send 2 forms of identification, one of which has your photo.

A copy of the sales or rental contract. A criminal background & credit check is done on all applicants who will be living in the unit. All people who will occupy the unit need to be present at the interview.

Thank you for your cooperation.
Raintree Village Board of Directors

RAINTREE VILLAGE CONDOMINIUM, INC.
2101 SUNSET POINT ROAD
CLEARWATER, FLORIDA 33765

APPLICATION BY PROPOSED PURCHASER/OCCUPANT
(PLEASE COMPLETE FULLY AND ACCURATELY)

TO: Board of Directors:

I(We) intend to purchase/occupy Unit No. For you to facilitate consideration of my (our) Application for the purchase of the above designated unit in Raintree Village Condominium, I (We) represent that the following information is factual and true. I (we) am (are) aware that any falsification or misrepresentation of the facts in this Application will result in automatic rejection of this Application. I (We) consent that you may make further inquiry concerning this Application, particularly the references given below. (We) am (are) also aware that I (We) MUST MEET WITH THE INTERVIEW COMMITTEE FOR APPROVAL TO PURCHASE A UNIT. INTERVIEW FEE IS $150.00.

I (We) will be bound by the Declaration of Condominium, By-Laws, Articles of Incorporation and the Rules and Regulations of the Condominium Association.

I (we) OR THE TITLE COMPANY will provide the Association with a copy of the Recorded Deed within ten days of closing.

A COPY OF THE PURCHASE AGREEMENT IS ATTACHED.
ATTACH A COPY of DRIVER'S LICENCE FOR ALL OCCUPANTS.

FULL NAME OF PURCHASER DATE OF BIRTH

_____

FULL NAME OF SPOUSE DATE OF BIRTH

_____

PRESENT HOME ADDRESS_____

CITY AND STATE_____ Zip_____

PHONE:_____ HOW LONG _____

PRIOR HOME ADDRESS_____

CITY AND STATE_____ Zip_____

HOW LONG _____

The rules and regulations of the ASSOCIATION provide an obligation of Unit Owners that condominium units are for single family residence.

NO ONE UNDER THE AGE OF 18 (EIGHTEEN) IS ALLOWED TO RESIDE IN THE VILLAGE.

OCCUPATION OF PURCHASER (even if retired)_____

HOW LONG _____ SOCIAL SECURITY #_____

OCCUPATION OF SPOUSE_____

HOW LONG _____ SOCIAL SECURITY #_____

NAME AND ADDRESS OF THREE PRIOR EMPLOYERS AND DATES

1. _____

2. _____

3. _____

MAKE OF CAR_____YEAR_____LICENSE NO._____

MAKE OF CAR_____YEAR_____LICENSE NO._____

APPLICANT'S DRIVER'S LICENSE NO. SPOUSES DRIVERS LICENSE NO.

_____ _____

STATE: _____ STATE: _____

BANK REFERENCES:

1. _____

2. _____

***PET RESTRICTIONS** - Only Service dogs and dogs designated as Emotional Support Animals are permitted (Applicant must fill out Animal Registration form and Waiver for Service/Emotional Support Animal paperwork and provide appropriate paperwork). Two (2) spayed or neutered domestic cats which are confined indoors are allowed.

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____Phone:_____

ADDRESS _____Zip_____

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THE APPLICATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

I (We) understand that any violation of the terms, provisions, conditions and covenants of the Governing Documents of the Association and the Condominium provides cause for available immediate action as therein provided or termination of a leasehold under appropriate circumstances. I (We) hereby authorize the Association to do a background check, including credit history.

I (We) certify that I (We) have received and are responsible for the following:

Copy of the Raintree Village Condominium Rules and Regulations.

DATED This _____ day of _____ 20_____

SIGNED: _____
Applicant

SIGNED: _____
Applicant

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

TENANT INFORMATION:	**SPOUSE / ROOMMATE:**
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 EMPLOYMENT:	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:

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

RAINTREE VILLAGE
CONDOMINIUM, INC.
2101 SUNSET POINT ROAD
CLEARWATER, FLORIDA 33765
(727) 461-7183

CERTIFICATE OF APPOINTMENT OF VOTING REPRESENTATIVE

To the Secretary of Raintree Village Condominium, Inc.

THIS IS TO CERTIFY that the undersigned, consisting of all the record owners of Unit No._____in Raintree Village Condominium, Inc., have designated

_____
(NAME (ONE OWNER ONLY)

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings or the membership of the Association and for all other purposes provided by the Declaration, the Articles and By-Laws of the Association.

The following **examples** illustrate the proper use of this Certificate:

(I) Unit owned by John Doe and his brother, Jim Doe. Voting Certificate required designating either John or Jim as the Voting Representative (NOT A THIRD PERSON).
(II) Unit owned by John Jones- No voting Certificate required.
(III) Unit owned by Bill and Mary Rose, husband and wife. Voting Certificate required designating either Bill or Mary as the voting representative. NOT A THIRD PERSON.

This Certificate is made pursuant to the Declaration and the By-Laws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

Sworn to and subscribed before me this ____ day of _____, 20_____

_____ _____
OWNER OWNER

_____ _____
OWNER OWNER

NOTE: This form is not a proxy and should not be used as such. Please be sure to designate one of the joint owners of the unit as the Voting Representative, not a third person.

ATTENTION HOMEOWNERS - RAINTREE VILLAGE CONDOMINIUMS

According to Florida Statute (Rule 61B-23.0029), with homeowner consent, the Association can electronically transmit to owners a notice of meetings, monthly newsletter, maintenance updates, social event notices, and other time sensitive Association communications. Eliminating a postal mailing will result in substantial savings as it relates to costs for printing and postage. It will also result in a timelier mail delivery to you. To receive future communications via email, you must complete this form and return this form via email, postal, or dropping in the Manager's box in the clubhouse library.

COMPLETE AND RETURN

Homeowner of record:_____

Raintree Village unit #: _____

Primary mailing address (if different than Raintree Village address):

_____

Email address(s):

_____

_____

(Check One Only)

☐ I, _____, agree to accept electronic transmission for Raintree Village information as stated above.

☐ I, _____, DO NOT agree to accept electronic transmission for Raintree Village information as stated above.

Owner(s) of Record Signature(s)_____ Date:_____

_____ Date:_____

Return to: Raintree Village Condominium Association, ATTN: Secretary
2101 Sunset Point RD, Unit 400 Clearwater, FL 33765 or

Email: secretary.rtv@gmail.com subject line "Email Authorization" or

Manager's mailbox in clubhouse library.

Raintree Village Condominium, Inc.
c/o Ameri-Tech Community Management Partners, LLC
24701 US Hwy 19 N, Suite 102, Clearwater, FL 33763
Phone: (727) 726-8000 | Fax: (727) 723-1101
http://www.ameri-tech.com

ANIMAL REGISTRATION FORM

Please submit this form and all further documentation to Management Company
Must be completed in its entirety prior to animal being permitted on the premises

PLEASE PRINT NEATLY

Owner Name: _____

Address & Unit No.: _____

Contact Phone No.: _____

Type of Animal: _____

Age of Animal: _____

Breed & Description: _____

Picture of the animal is required to be supplied with this form for identification purposes.

I hereby certify that the animal is current on all licensing and vaccination requirements, and I have read, understand and agree to abide by the Association's Rules & Regulations pertaining to reasonable accommodation of animals. I understand that the granted reasonable accommodation is specific to this animal only and that a new request for reasonable accommodation and form must be submitted for a different animal.

I further hereby agree to indemnify and hold the Association harmless for any losses, property damage, and/or personal injury, including but not limited to attorney's fees and costs, which may result from or arise out of my maintaining an animal on the premises.

_____ _____
Unit Owner Signature Date

The Board of Directors has received acceptable documentation and the need for the animal is apparent and **grants reasonable** accommodation to allow the above-referenced animal to be brought into and onto the restricted areas of Raintree Village Condominium, Inc. property.

_____ _____
Signature Date

On Behalf of the Board of Directors for
Raintree Village Condominium, Inc.

_____
Printed Name

Raintree Village Condominium, Inc.
c/o Ameri-Tech Community Management Partners, LLC
24701 US Hwy 19 N, Suite 102, Clearwater, FL 33763
Phone: (727) 726-8000 | Fax: (727) 723-1101
http://www.ameri-tech.com

WAIVER FOR SERVICE/EMOTIONAL SUPPORT ANIMAL

PLEASE PRINT NEATLY

Owner(s) Name: _____

Address & Unit No.:_____

Date: _____

This waiver is being granted by the Board of Directors in compliance with the existing Federal and State Statutes regarding "Emotional Support Animals".

This waiver is subject to the restrictions listed below:

1. The animal must be licensed and current with all required shots and vaccinations and the Board may require proof of same be provided by owner as verified by a licensed veterinarian.
2. This reasonable accommodation is granted only as to the particular animal currently owned by the owner. A separate application, documentation and waiver will be required for any animal replacement.
3. The animal must be on a leash at all times when outside the owner's unit.
4. The owner must pick up all animal waste immediately and properly dispose of the waste.
5. The animal cannot make noise which disturbs the peace and tranquility of other owners or create a nuisance or danger to others.
6. The accommodation is being made to the owner who qualifies for the exemption under Federal and State Fair Housing Laws and to no other owner/occupant of the unit. When the owner entitled to reasonable accommodation is no longer in residence in the unit, the animal shall be removed.
7. Owner agrees that her or she shall indemnify and hold the Association harmless for any damages or personal injury caused by the animal and shall promptly reimburse the Association for any costs incurred by the Association to make repairs as a result of or arising out of the animal being on the premises.
8. To the extent it is necessary to institute legal action to enforce the provisions herein, the Owner shall bear any reasonable attorney's fees and costs incurred by the Association.

If the Board receives written complaint(s) regarding failure to abide by the restrictions listed above, the Owner will be notified in writing of the complaint(s) and directed to correct the problem. If the Owner fails to correct the problem, and the same problem persists, the Board may take appropriate action to have the animal removed.

I understand and agree to comply with the above listed restrictions:

_____ _____

Unit Owner Signature Date