

CUSTOMER NUMBER 2325 - AMERI-TECH

PROPERTY / ASSOCIATION - _____

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 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**

Dear Unit Owner or Prospective Resident:

Enclosed are the Forms required to be completed and returned before an interview will be scheduled. Please read all forms carefully and complete fully and accurately. An incomplete form will hold up the scheduling of your Interview. Return completed forms and a check in the amount of \$100.00 payable to RAINTREE VILLAGE, for processing to:

**Ameritech Management / 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.

All persons who will occupy the unit need to be present at the interview. A copy of the sales or rental contract will need to be present.

**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 of the references given below. I (We) am (are) also aware that I (We) MUST MEET WITH THE INTERVIEW COMMITTEE FOR TO APPROVAL TO PURCHASE A UNIT. INTERVIEW FEE IS \$100.00.

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 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 -Two spayed or neutered domestic cats which are confined indoors. No dogs allowed except seeing eye certified.

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY;

_____ Phone(____) _____

ADDRESS _____ Zip _____

ZIP

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THE APPLICATION;

NAME

ADDRESS

CITY AND 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.

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MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THE APPLICATION;

NAME _____ ADDRESS _____
CITY AND 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

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.