

**APPLICATION FOR APPROVAL OF PURCHASE OF A CONDOMINIUM UNIT
AT SEMINOLE SQUARE – Building B**

Apartment number _____

Seller's Name(s) _____

Address _____

Telephone number(s) _____

Buyer's Name(s) _____

Address(es) _____

Telephone number(s) _____

Buyer's intended Use of Unit _____

Buyers must be 55 years of age or older *

1. No pets allowed **
2. Quiet hours 11:00 pm to 8:00 am
3. If the buyer has two vehicles, the second car shall be parked at the east wall of building B.
4. (Note: This is overflow parking and is available to all residents and guests of Seminole Square Condominiums on a first come – first served basis. No special arrangements will be made for second vehicle.)
5. Cars must be insured, have current tags in good working order.
6. Does Buyer intend to use unit as a permanent residence:
 Yes _____ No _____
 If no, please describe intended use;

7. Apartment cannot be rented for a period of less than six months, over a period of twelve months.
8. Please fill out the Buyer Information Form and Application and send to:

Ameri-Tech Community Management, Inc
6415 1st Ave S, St. Petersburg, FL 33707
ATTN: David Fedash

with the \$200.00 or (\$100 per person) nonrefundable application fee. Checks should be made payable to Seminole Square Building B.

Initial(s) _____

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*Age verification required by either driver’s license or passport.

** Pet waivers for Emotional Support Animals (ESA) will be referred to our attorney with attorney fees paid by the applicant as stated in SSA Operating Agreement. If approved by BOD and their legal counsel, applicant must adhere to and be capable of managing the ESA in accordance with reasonable accommodations as developed by the BOD and legal counsel.

Please note that the Rules and Regulations and additions thereto, and the contract documents prohibit occupancy by persons under the age of eighteen (18) years for more than 14 days during a period of ninety (90) days. The minor guests may use the recreational facilities and the swimming pool under the supervision of the parents and/or occupants of the apartment where the guests are visiting.

Buyers hereby acknowledge that they have read and examined the Declaration of the Condominium By-Laws, Rules and Regulations for Seminole Square Apartments, and further agree to abide by each and every term and condition of the same.

Attention is directed to the following: No commercial vehicles, including personal vehicles with commercial signage, trucks, campers, RVs, motorcycles, mopeds and the like shall park anywhere in Seminole Square. Such vehicles, including visitor’s vehicles or vehicles parked in unauthorized spaces are subject to immediate towing at owner’s expense.

Buyer

Buyer

Approved by Seminole Square Condominium Association

Disapproved by Seminole Square Condominium Association

Initial(s) _____

**APPLICATION FOR APPROVAL OF PURCHASE OF A CONDOMINIUM UNIT
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Board Member and Title _____

Board Member and Title _____

Initial(s) _____

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TWO PERSONAL REFERENCES (NOT RELATED TO THE BUYER)

NAME _____

PHONE NUMBER _____

NAME _____

PHONE NUMBER _____

LIST OF PREVIOUS RESIDENCES, WITH CONTACT PERSON'S AND PHONE NUMBERS FOR THE PAST 5 YEARS.

Previous Residence _____

NAME _____

PHONE NUMBER _____

Previous Residence _____

NAME _____

PHONE NUMBER _____

NOTE:

Failure to provide accurate, verifiable information on this form may result in denial of the application.

Seminal Square Building – B reserves the right to perform additional background checks of applicants using public records and/or social media.

Initial(s) _____

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REMINDERS:

Dumpsters are for household trash only. No mattresses, box springs, or furniture. Breakdown all cardboard boxes. All trash must go INTO dumpsters. Garbage haulers will not pick up anything deposited outside the dumpsters. A hauling fee will be assessed to anyone leaving trash next to the dumpster.

When having repair or installation work done (carpeting, tile, plumbing, air conditioning repairs, etc.) in or to the apartments, all trash is to be removed by the contractors or installers, and not deposited in our dumpsters.

ONCE SETTLED, PLEASE PROVIDE BOARD WITH:

1. Your contact numbers
2. An emergency contact number of friend/family and a mandatory extra key to your apartment in case of an emergency. This key is maintained in a secure lock box and requires two board members to access the box and your apartment.

Initial(s) _____

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORMI / 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:**

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

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 NOHAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO**SIGNATURE:** _____

PHONE NUMBER: _____

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

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 NOHAVE 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 4:30 p.m. (3:00 p.m. on Sat.) WILL BE PROCESSED THE
NEXT BUSINESS DAY**TENANT CHECK FAX #: (727) 942-6843****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