



**PETS (1 Pet; Max 25 lbs)**

NAME: \_\_\_\_\_ TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_

AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ COLOR: \_\_\_\_\_

**AUTOMOBILE**

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

LICENSE TAG NUMBER: \_\_\_\_\_ STATE of TAG issue: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

LICENSE TAG NUMBER: \_\_\_\_\_ STATE of TAG issue: \_\_\_\_\_

**NOTE ABOUT INCOMPLETE APPLICATIONS:**

All applications must be completed, incomplete applications submitted will not be processed. If the applicant fails to adhere to submit the full application package, the application will be considered automatically cancelled.

An application is incomplete if it does not include all required forms, fees, and documents, such as but not limited to, a lease or sales contract.

**PROCESSING FEES:**

1. Application Processing Fee of: \$100.00 (Non-Refundable) for each application (for lease/sale);
2. Background Fee of: \$65.00 (Non- Refundable) for each applicant over 18 years old.

**REQUIRED DOCUMENTS**

- A. For all applicants, a copy of your I.D.
- B. A sale contract or a lease agreement.
- C. As applicable, Pet Documentation: Current vaccinations, up-to-date Pinellas County License, picture of your pet and doctor's letter of Service/ESA submitted.

If renewal of existing lease, an executed copy of the lease renewal must be submitted to the Association at least thirty (30) days before the commencement of the new lease term.

A background check, performed by the Association, is required for all applicants.

Current vaccination certificates required at interview for all pets, as applicable.

**THE APPLICANT HEREBY CONFIRMS COMPLETENESS AND ACCURACY OF THIS INFORMATION AND AFFIRMS THAT HE OR SHE HAS RECEIVED AND READ THE RULES AND REGULATIONS AND AGREES TO ABIDE BY SAME. IF THE APPLICANT IS A PURCHASER, HE OR SHE ALSO CONFIRMS THAT THEY HAVE RECEIVED AND READ THE CONDOMINIUM GOVERNING DOCUMENTS AND AGREES TO ABIDE BY SAME.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Purchaser | Lessee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Spouse | Roommate

**Peppertree Lake Condominium Association, Inc**  
c/o Ameri-Tech Community Management, Inc.  
24701 US Highway 19 N, Suite 102 Clearwater FL, 33763  
Phone 727-726-8000 / Fax 727-873-7307

I/ we, \_\_\_\_\_, prospective buyers/tenants property located at \_\_\_\_\_, Unit # \_\_\_\_\_ authorize "Association", to take the necessary steps to verify the information submitted by the above named applicant(s). The Applicant(s) represent to the Association that all the personal information provided for herein is true, accurate and complete to the best of the Applicant(s) knowledge. Applicant(s) further understand and agree that if any such information is not as represented, then Applicant(s) may, at the Association's sole discretion, be disqualified as an owner or tenant. Applicant(s) authorize the Association, agents or representatives to make any and all inquiries necessary to confirm given information, including but not limited to contacting present and past employers, landlords, credit bureaus, personal references, and any and all sources of information which the Association may deem necessary and appropriate. The undersigned acknowledges receipt of a copy of the RULES AND REGULATIONS for the Association and agrees to comply with the principles governing the management of the "Association".

**INITIAL BELOW**

- \_\_\_ I have read the Associations Rules and Regulations.
- \_\_\_ I fully understand that the unit can only be used for *residential* purposes.
- \_\_\_ I understand that I have to contact the management office for a residential parking permit. If a replacement is needed it will be \$5 each.
- \_\_\_ I understand that only **1 Pet; Max 25 lbs** is allowed.
- \_\_\_ I understand that the unit may only be occupied by *only* those listed on the application.
- \_\_\_ I understand the maintenance and repair responsibility that is listed in the Governing Documents.

**Rental Unit:**

- \_\_\_ I understand that if I have a complaint, or issue concerning maintenance or otherwise regarding my unit, I have to contact my landlord. Not the Association Management.
- \_\_\_ I understand that if a lease renewal is not submitted before the end of lease term, my information will be taken off the associations roster and I will no longer have access to the property (gate entry or security door entry) or notified of critical information.
- \_\_\_ I understand I have to contact the owner for the guest parking tags. If a replacement is needed it will be \$10 each.

\_\_\_\_\_  
Signature of Purchaser I Lessee \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse / Roommate \_\_\_\_\_  
Date

Applicant Approved/ Date: \_\_\_\_\_ Applicant Rejected/ Date: \_\_\_\_\_

\_\_\_\_\_  
Association Representative Name/Title \_\_\_\_\_  
Association Representative Name/Title

\_\_\_\_\_  
Association Representative Signature \_\_\_\_\_  
Date Date

**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**

FEDERAL LAW REQUIRED THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS

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: _____ _____ 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      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: _____