

CURLEW LANDINGS HOMEOWNERS ASSN.

C/O Ameri-Tech Community Management, Inc.

24701 US HWY 19N, Suite 102

Clearwater, FL 33763

727-726-8000 Fax 727-723-1101

PROPERTY PURCHASE AND MEMBERSHIP APPLICATION

****In order for an application to be considered, a completed form (filled out in its entirety) must be accompanied by a certified check or money order in the amount of \$150.00, made payable to the Curlew Landings Homeowners Association. **THIS IS A NON-REFUNDABLE PROCESSING FEE**

I (We) hereby apply for approval to purchase _____ in Curlew Landings HOA.

A COPY OF THE PROPOSED PURCHASE CONTRACT AND PHOTO ID IS ATTACHED

PLEASE NOTE: A CAPITAL FUND FEE OF \$500.00 WILL BE REQUIRED FROM THE PURCHASER BY CURLEW LANDINGS HOA-to be paid at time of closing.

(Board of Directors approved 10/15/09)

I (We) understand that if an incorrect SSN# is submitted I (we) will be subject to a second application fee.

I (We) am purchasing this unit with the intention to reside here on a full-time basis;

reside here part time; lease the unit. Please check box which applies.

I (we) understand that no unit shall be leased or rented for a period of less than 90 days in compliance with the City of Dunedin Zoning regulations.

I (we) are aware of and agree to abide by the Association Documents and Rules and Regulations of Curlew Landings.

I (we) acknowledge receipt of a copy of the Association 's By-Laws.

I (we) understand and agree that the Association, in the event it approves a lease, is authorized to act as the owners' agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by the tenant and their guests, of the provisions of the Documents and Rules and Guidelines of the Association.

I understand my signed application authorizes a background check.

Applicants initials _____

PROPERTY PURCHASE AND MEMBERSHIP APPLICATION (continued)

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

1. Full name of applicant: _____ () Single () Married
DOB ___/___/___ SS# _____ Driver's License # _____ ST ___
Telephone: (home) _____ (Cell) _____ (Work) _____
Employer _____
Position held: _____

2. Full name of applicant _____ () Single () Married
DOB _____ SS# _____ Driver's License # _____ ST ___
Telephone: (home) _____ (Cell) _____ (Work) _____
Employer _____
Position Held _____

3. Current Address: _____

4. List (3) personal references (local if possible):
Name: _____ Address: _____
City & State: _____ Zip: _____ Phone: _____
Name: _____ Address: _____
City & State: _____ Zip: _____ Phone: _____
Name: _____ Address: _____
City & State: _____ Zip: _____ Phone: _____

5. Person to be notified in case of emergency: _____
Phone: _____

6. Make of Car: _____ Year _____ License # _____
Make of Car: _____ Year _____ License# _____

Only two (2) vehicles allowed and CANNOT be parked on the street at any time. Use driveway, garage, or specific parking spot

() Applicant Initials _____

PROPERTY PURCHASE AND MEMBERSHIP APPLICATION (continued)

7. Mailing address for billings and notices connected to this application, if other than current address.

Name: _____ Address: _____

City and State: _____ Zip _____ Phone: _____

8. Have you ever been arrested? () Yes () No If yes, please provide details below.

9. Pets: Maximum of 2 pets allowed. Dogs # _____ Breed _____ Weight _____

Breed _____ Weight _____

Cats # _____ (Must remain INDOORS)

10. Does the property come with a dock boat slip? Yes _____ No _____

If YES, the **Title Company** must send an Estoppel Letter to CurlewLandingsDock@gmail.com

NOTE: Every new owner should receive a copy of the By-Laws from the former owners or they can obtain a duplicate copy from the Association.

Applicant Signature

Date

Applicant Signature

Date

() Application Approved

() Application Denied

Director's Signature

Date

Attachment checklist: Items below MUST be submitted in order for the application to be complete

() Copy of your Purchase Contract () Copy of Driver's License or Government issued picture ID for each occupant.

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

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 : _____

OCC UPATION: _____

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: _____

TENANT CHECK HOURS OF OPERATION;

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A

**MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.
SATURDAY: 11 :00 a.m. - 4:00p.m.**

SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

ALL ORDERS RECEIVED AFTER 5:00 pm (3:30 p.m on Sat)
WILL BE PROCESSED THE NEXT BUSINESS DAY

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR
REALTORS / PROPERTY MANAGERS/ APARTMENT COMPLEXES/
MOBILE HOME PARKS/ CONDOMINIUM ASSOCIATIONS / EMPLOYERS

TENANT CHECK FAX#: (727) 942-6843