

Rental Application

**Bay Point Plaza Condominium Association, Inc.
6100 12th Street South, St. Petersburg, FL 33705**

In accordance with the Declaration of Condominium, the following information must be submitted to the Board of Directors for consideration before approval is granted for your unit to be rented. Once completed, return this form and \$100 fee to **Ameri-Tech Community Management, Inc. at 24701 U.S. Hwy 19 N., Suite 102, Clearwater, FL 33763 ph 727-726-8000 Fax 727-723-1101.**

Owner: _____ Phone: _____

I hereby request permission to: RENT unit # _____ to:

Name(s) _____

Address _____

City, State, Zip _____ Phone(s) _____

REQUEST FOR APPROVAL TO RENT

I request approval to rent unit # _____, located at 6100 12th St S., St. Petersburg, FL 33705. I hereby state that the Owner has made available to me all Condominium Association Documents, including all rules and regulations as they pertain to the above unit and to the community. The owner has also turned over to me common area keys and remotes. I understand there may be an additional charge to me to secure these items from anyone other than the owner. As provided for in the documents, I understand the unit will be limited to "single family" occupancy with restrictions on the number of persons occupying the unit at any one time.

Number of adults to occupy unit _____ Number of children to occupy unit _____

Description of pet (if any). If none, so state _____

Bay Point Plaza has a pet restriction of one pet, 20lbs maximum weight allowed per Condominium Documents.

Signature of Owner

Signature of Applicant

Signature of Owner

Signature of Applicant

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORM

I / We _____, prospective tenant(s) / buyer(s) for the property located at _____

Managed By: _____ Owned By: _____

Herby 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. If 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>TENANT INFORMATION:</u>		<u>SPOUSE / ROOMMATE:</u>	
<u>SINGLE</u> _____	<u>MARRIED</u> _____	<u>SINGLE</u> _____	<u>MARRIED</u> _____
<u>SOCIAL SECURITY #:</u> _____		<u>SOCIAL SECURITY #:</u> _____	
<u>FULL NAME:</u> _____		<u>FULL NAME:</u> _____	
<u>DATE OF BIRTH:</u> _____		<u>DATE OF BIRTH:</u> _____	
<u>DRIVER LICENSE #:</u> _____		<u>DRIVER LICENSE #:</u> _____	
<u>CURRENT ADDRESS:</u> _____		<u>CURRENT ADDRESS:</u> _____	
_____ <u>HOW LONG?</u> _____		_____ <u>HOW LONG?</u> _____	
<u>LANDLORD & PHONE:</u> _____		<u>LANDLORD & PHONE:</u> _____	
_____		_____	
<u>PREVIOUS ADDRESS:</u> _____		<u>PREVIOUS ADDRESS:</u> _____	
_____ <u>HOW LONG?</u> _____		_____ <u>HOW LONG?</u> _____	
<u>EMPLOYER:</u> _____		<u>EMPLOYER:</u> _____	
<u>OCCUPATION:</u> _____		<u>OCCUPATION:</u> _____	
<u>GROSS MONTHLY INCOME:</u> _____		<u>GROSS MONTHLY INCOME:</u> _____	
<u>LENGTH OF EMPLOYMENT:</u> _____		<u>LENGTH OF EMPLOYMENT:</u> _____	
<u>WORK PHONE NUMBER:</u> _____		<u>WORK PHONE NUMBER:</u> _____	
<u>HAVE YOU EVER BEEN ARRESTED?</u> (CIRCLE ONE) YES NO		<u>HAVE YOU EVER BEEN ARRESTED?</u> (CIRCLE ONE) YES NO	
<u>HAVE YOU EVER BEEN EVICTED?</u> (CIRCLE ONE) YES NO		<u>HAVE YOU EVER BEEN EVICTED?</u> (CIRCLE ONE) YES NO	
<u>SIGNATURE:</u> _____		<u>SIGNATURE:</u> _____	
_____		_____	
<u>PHONE NUMBER:</u> _____		<u>PHONE NUMBER:</u> _____	

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 5:00 p.m. (3:30 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

DATE _____

CUSTOMER NUMBER _____

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_____ 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: _____	
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