

PIPERS GLEN CONDOMINIUM ASSOCIATION  
Ameri-Tech Community Management  
6415 1<sup>st</sup> Avenue South, St. Petersburg, FL 33707  
Phone: 727-726-800 Fax: 727-873-7307  
dfedash@ameritechmail.com

**APPLICATION FOR SALE / LEASE OR NOTIFICATION OF OCCUPANCY**

To help speed up processing of your application or residence, please fill in all the information requested on both pages of this form.  
Approval by the Board of directors is necessary before taking residence.

**Owners must own for 2 years before leasing**

**A check made out to PIPERS GLEN** for the application fee of \$100.00 and \$50.00 processing fee along with the completed application must be submitted to **Ameri-Tech Community Management at 6415 1<sup>st</sup> Avenue South, St. Petersburg, FL 33707** for processing prior to taking occupancy. A copy of the lease must be submitted with the application if applicable.

DATE: \_\_\_\_\_ UNIT #: \_\_\_\_\_

OWNER: \_\_\_\_\_  
Please Print First and Last Name

OWNER: \_\_\_\_\_  
Please Print First and Last Name

PROPOSED DATE OF OCCUPANCY: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH /DAY /YEAR MONTH /DAY/ YEAR

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PROVIDE THE FOLLOWING INFORMATION FOR RENTER / OCCUPANT  
(Names of ALL occupants intending to occupy is required)

PLEASE PRINT

OCCUPANT 1: \_\_\_\_\_  
LAST FIRST MIDDLE PHONE#

OCCUPANT 2: \_\_\_\_\_  
LAST FIRST MIDDLE PHONE#

OTHER UNIT OCCUPANTS \_\_\_\_\_

PET ONE: \_\_\_\_\_  
TYPE OF ANIMAL BREED COLOR NAME WEIGHT

PET TWO: \_\_\_\_\_  
TYPE OF ANIMAL BREED COLOR NAME WEIGHT

Name and phone # of most recent landlord (if less than six months, please provide name and phone # of last two landlords)

NAME PHONE # NAME PHONE #

VEHICLE: \_\_\_\_\_ TAG: \_\_\_\_\_ STATE: \_\_\_\_\_

VEHICLE: \_\_\_\_\_ TAG: \_\_\_\_\_ STATE: \_\_\_\_\_

Consult vehicle parking rules SPECIFICALLY FORBIDDEN VEHICLES WITH EXPIRED TAGS, PARKING IN UNAUTHORIZED SPACES, AAND PARKING ON GRASS. No boats, oversized vehicles such as RV's or commercial vehicles are allowed.

\$100.00 Application and \$50.00 processing fee received: DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_

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IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME	ADDRESS	PHONE #
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NOTICE TO APPLICANTS AND APPLICANT SIGNATURES

- A. I acknowledge receipt (provided by Owner) of a copy of the Community Policies and hereby agree to abide by them, together with any amendments thereto
- B. I understand that a violation of the Community Policies can result in revocation of approval, and I will thereupon be required to vacate premises within fifteen (15) days.

DATE : \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

CO-APPLICANT SIGNATURE : \_\_\_\_\_

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AS OWNERS

- A. As Homeowner, I have verified all the information on this application and found it to be true and correct.
- B. I understand that should any problem arise out of leasing/rental of my condominium; the Association may deem it necessary to engage legal counsel to intervene on its behalf I will assume responsibility for the costs of this action.
- C. I will make certain that no tenant will occupy my condominium until, or unless this application is first approved and signed by the Board of Directors – up to seven working days required. Approval is contingent upon all financial matters with the Condominium Association – including, but not limited to, maintenance fees, assessments, late fees, fines, etc. being paid in full through the date of approval.

DATE: \_\_\_\_\_

OWNER / AGENT SIGNATURE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

BOARD OFFICER / DATE

BOARD OFFICER / DATE

DISAPPROVED: \_\_\_\_\_

BOARD OFFICER / DATE

BOARD OFFICER / DATE

REASON DISAPPROVED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**

**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 NO

HAVE 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 NO

HAVE 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. - 4:00 p.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