

TYRONE FIFTH AVENUE APARTMENTS CONDOMINIUM ASSOCIATION, INC.
c/o AMERI-TECH COMMUNITY MANAGEMENT, INC.
6415 1st Ave. South St. Petersburg, FL 33707
PHONE: (727) 726-8000 ~ FAX: (727) 723-1101
<http://www.ameritechcompanies.com>
<http://www.tyronefifthavenue.com>

APPLICATION FOR PURCHASE OR LEASE

All applicants must be approved by the board prior to closing or moving in. Please bring all information with a \$100 application fee per persons with different last names (\$200 if 2 different last names; \$300 if 3 different last names. If married with different last names, provide marriage certificate (with marriage certificate, it's \$100). Please mail or drop off all information and application fee made out to Tyrone Fifth Avenue and bring to Ameri-Tech Community Management not less than 15 days before taking occupancy.

1. Purchase or lease of Unit # _____ Lease Dates: From _____ To _____
2. Name of applicant: _____ Date of Birth: _____
Last 4 of SSN#: _____
Current Address: _____ City: _____
State: _____ Zip: _____
Telephone: _____

Is prospective tenant a service member as defined in § 250.01 Florida Statutes?

Yes No

3. Closing date (if applicable): _____
Closing/Rental Agent Phone: _____
Permanent Address after closing: _____
City: _____ State: _____ Zip: _____
4. Number of Permanent Occupants: Adults _____
_____ Dogs are not allowed at Tyrone Fifth per Rules and Regulations
Initial _____
Names and ages of all occupants if additional to occupant: _____

5. Vehicles
Year: _____ Make: _____ Model: _____
Plate: _____

Owners shall be responsible for any damages incurred by their tenants and guests and for observance of the rules and regulations.

This application, a copy of the executed lease/sales agreement must be filed with the Tyrone Fifth Avenue Apartments Condominium Association 15 days prior to the proposed occupancy. An orientation with the Board Members is required prior to occupancy.

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ASSIGNMENT OF RENTS, ACKNOWLEDGMENT OF ASSOCIATION RIGHTS

The parties to this application hereby acknowledge and agree that in the event the owner is in arrears with any maintenance or special assessment owed and due to the Tyrone Fifth Avenue Apartments Condominium Association that the owner hereby assigns any rent that may be owed by the tenant to the Tyrone Fifth Avenue Apartments Condominium Association until any debt owed to the Association is paid in full. This right granted to Tyrone Fifth Avenue Apartments Condominium Association is pursuant to § 718.116-11, Fla. Stat. The Tyrone Fifth Avenue Apartments Condominium Association shall collect the rent directly from the tenant and shall apply those rental payments to the outstanding debt owed to the Tyrone Fifth Avenue Apartments Condominium Association.

ASSIGNMENT OF RIGHT TO EVICT

The parties to this application hereby assign to the Tyrone Fifth Avenue Apartments Condominium Association the right to evict any tenant or guest that may be in the unit in the event the owner is in arrears of any monies owed to the Tyrone Fifth Avenue Apartments Condominium Association and the Association shall have all rights allowed by the State of Florida to proceed with said eviction pursuant to the Florida Landlord Tenant laws.

AUTHORIZATION OF RELEASE OF INFORMATION

Applicant(s) represents that all of the above information and statements on the application for rental or sale are true and complete, and hereby authorizes an investigative consumer report, including but not limited to residential history (rental or mortgage), employment history, criminal history records and court records. This application must be signed before it can be processed by management. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this state.

Applicant Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Unit Owner Signature: _____ Date: _____

BOARD ACTION:

This application is: Approved Disapproved

By: _____ Date: _____
Signature of Board President and/or Secretary

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

<u>INFORMATION</u>	<u>SPOUSE / ROOMMATE</u>
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: _____