

650 Island Way Condominium Association, Inc.
Procedures for Completing Application for Lease or Purchase

1. Only the current approved application Version 3/2013 will be accepted.*
2. The application must be completed in detail by proposed purchaser(s) or proposed lessor(s) and lessee(s).
3. Please answer all questions. Please mark not applicable (N/A) if appropriate. If any question is not answered full or left blank the application cannot be processed or approved.
4. Submit the completed application packet containing all documents listed below:
 - a) Completed and signed application
 - b) Non-refundable application fee of \$100.00. At times due to the prior residency of the applicant(s) an added processing fee may be required which will be determined at the time of application request or submission. Monies may be submitted in the form of cash, check, or money order drawn on a U.S. bank payable to 650 Island Way Condominium Inc. Note: Acceptance of the application fee does not in anyway constitute approval of the transaction.
 - c) Legible Driver's License or Photo Id for all adults residing in the unit
 - d) The executed sales or lease contract as applicable
 - e) \$100.00 for Elevator Deposit held as security for possible damage to the elevator

The completed application packet must be submitted to the Board no less than fifteen (15) days prior to the requested closing or move-in date, thirty (30) days for international applicant.

5. The owner of the unit must provide the proposed Purchaser or Tenant with a copy of the Declaration and all appurtenant documents. Purchaser or Tenant is responsible for abiding by all of the Rules & Regulations of the Association, and by submitting this application for acceptance agrees to adhere to said rules and regulations.
6. Moving in or out of the building and delivery of household items by commercial vans, trucks or passenger vehicles is allowed Monday through Friday. All move-ins must be completed by 5:00p.m.
7. Parking is restricted to approved occupants. See the Rules & Regulations for all vehicle restrictions.

Date _____

Signature of Owner/Applicant

Unit # _____

* No lease shall be accepted or approved if there are outstanding assessments, fines or other charges against the unit.

650 Island Way Condominium Association, Inc.
Application for Sale/Lease

\$100.00 application fee for all Sales or Lease payable to *650 Island Way Condominium Association, Inc.* must be submitted with all applications. At times due to the prior residency of the applicant(s) an added processing fee may be required. This will be determined at the time of submission. **A copy of the executed Sales or Lease Agreement and a legible copy of all adult applicant(s) photo id/driver's license must** accompany this request. Please send all information to the office of **Ameri-Tech community Management 24701 US Highway 19 N, Suite 102 Clearwater, FL 33763**, phone (727) 726-8000. This request for approval of ownership Sale or Lease must be in possession of the Board of Directors at least **15 days** prior to closing/lease commencement, **30 days** if international applicant.

Note: Closing and or Occupancy of a Unit prior to board approval will be considered improper procedure and will result in the application fee to be increased to \$200.

MOVE-IN/OUT: All Move-in/out's must be completed Monday – Friday before 5pm.

NO WEEKED OR EVENING MOVE-INS. Please call (727) 726-8000 to schedule a date.

There is a **\$100 refundable elevator deposit** which is to be made payable to *650 Island Way Condominium Association, Inc.*

Anticipated Move-In _____
Start Date of Lease _____
End Date of Lease _____
Unit# _____
Parking Space# _____
Boat Slip# _____

Applicant's Information

Full name _____
SSN: _____ Birth Date: _____
Driver's license: _____
Telephone: _____
Email: _____ To receive Association Correspondence via email, initial here _____
Present Address: _____
How long: _____ Rent: Y/N Landlord Name and Tel: _____
Previous Address: _____
Occupation: _____ Employer: _____
How long: _____ Work Tel: _____
Have you ever been convicted: Y/N _____ Have you ever been evicted: Y/N _____

Co-Applicant's Information

Full name _____
SSN: _____
Driver's license: _____ Telephone: _____

Email: _____ To receive Association Correspondence via email,
initial here _____

Present Address: _____

How long: _____ Rent: Y / N Landlord Name and Tel: _____

Previous Address: _____

Occupation: _____ Employer: _____

How long: _____ Work Tel: _____

Have you ever been convicted: Y / N Have you ever been evicted: Y / N

Names and ages of all person(s) that are to occupy the Unit:

Many Associations have restrictions on the number of individuals occupying the unit please check the Association by-laws to ensure that you will be in compliance. All individuals over 18 years of age must have a background check.

Name age Name age

Name age Name age

Pets:

Owners are limited to no more than two (2) pets. Maximum weight is twenty (20) pounds each when full grown. Pinellas County Animal Control Regulations are to be followed, i.e., pets on leash, animal waste removed immediately, etc.*

Do you have any pets? Yes ___ No ___
If yes, please specify species, breed and weight.

*Proof of weight can be required.

Vehicle Information

Many Associations have restriction on different types and number of Vehicles, please review the Association's By-Laws to ensure that you will be in compliance, please be aware that any vehicles restricted by the By-Laws of the Association can be towed at the owner's expense.

Make/Model License Number

Make/Model License Number

Make/Model License Number

Boats:

Do you own a boat? Yes ___ No ___
If yes, please specify

Make/Model Length FL Registration Number

References:

_____	_____
Name	Address/Contact number
_____	_____
Name	Address/Contact number
_____	_____
Name	Address/Contact number

I/We, _____ Date: _____
 Prospective Tenants/Buyers for property located at 650 Island Way, Clearwater, Fl 33767, Unit
 _____ owned by _____ hereby allow **TENANT CHECK**,
 and/or the property owner/manager to inquire into my/our credit file, criminal, and civil history
 to obtain information. I/We understand that on my/our credit file it will appear that **TENANT
 CHECK** has made an inquiry. I/We cannot claim any invasion of privacy against them now or
 in the future.

Signature _____ Signature _____

Corporate record information and other matters related to the Association

Florida Statutes requires the Association to maintain a current roster of owners and occupant of the complex. The purpose of this section of the application is to update the corporate record of the Association.

Mailing address if different than property address for matters related to the Condominium:

Telephone number of the property: _____

This number will not be given out, it will only be used in the event of an emergency of the Board of Directors feel it necessary to contact you immediately.

Email _____

In case of an emergency, Please notify: _____

Documents & Agreement

I/We have received and read the Condominium Rules and Regulations (Sale or Lease) and the Declaration of Condominiums, Articles of Incorporation and By-Laws (Sales) and I/We agree to abide by same.

I/We also acknowledge that approval given below is for the period specified on the Lease Agreement and Application submitted. Any extension or renewal must be done by submitting a new application to the Board prior to the extension or renewal. No background check will be needed unless the household composition alters in the next lease period or at anytime I/We occupy the unit.

Note: As stated in Article XVIII Section 2: The Board has the right to notify the Owner that the lease will not be renewed or approved because of Lessee's failure to abide by the Declaration of the Condominium, Articles of Incorporation or the By-Laws.

Applicant

Co- applicant

Unit Number

IF A RENTAL APPLICATION, THE UNIT FILE HAS BEEN REVIEWED AND IS VERIFIED TO BE IN COMPLIANCE WITH THE RENTAL RULES AND REGULATIONS OF 650 ISLAND WAY.

Unit has previous rental yes no
Rental dates if applicable to
Only one rental in 12 month period? yes no

Signature of Reviewer

Date

Association Use Only:		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
By: _____	_____	_____
Signature	Title	Date
By: _____	_____	_____
Signature	Title	Date

Revised 3/2018