

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

**Seville Condominium 8, Inc.**

EQUAL HOUSING OPPORTUNITY

c/o Ameri-Tech Community Management, Inc.

24701 US Hwy 19 N, Ste 102, Clearwater, FL 33763

P: (727) 726-8000 | F: (727) 723-1101

**SALES/LEASE APPLICATION**

Seville Condominium 8, Inc. is a 55+ community. All sales and rentals must provide for at least one permanent occupant fifty-five (55) years of age or older. No persons under thirty (30) years of age shall be permitted to be a permanent resident. One small pet per unit is permitted twenty (20#) at maturity with Board approval. Leasing is not permitted until you have owned for two (2) years. No felons will be approved for sales or leases. Washers/dryers permitted with Board approval.

**APPROVAL TO SELL OR LEASE AN APARTMENT:** Prior to interview and approval must be obtained from the Seville Condominium 8, Inc. Board of Directors at least ten (10) days prior to occupancy or title transfer. A \$100 non-refundable application fee must accompany this application along with a copy of each occupant's drivers' license (or photo ID).

**PLEASE PRINT:**

Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupancy Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Unit #: \_\_\_\_ Carport #: \_\_\_\_ Maint. Fee: \$ \_\_\_\_

(1) Applicant's Name: \_\_\_\_\_ Driver License/ID #: \_\_\_\_\_

(2) Applicant's Name: \_\_\_\_\_ Driver License/ID #: \_\_\_\_\_

(3) Applicant's Name: \_\_\_\_\_ Driver License/ID #: \_\_\_\_\_

(4) Applicant's Name: \_\_\_\_\_ Driver License/ID #: \_\_\_\_\_

Current address: \_\_\_\_\_

Number of years at this address: \_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_ Occupation: \_\_\_\_\_ # Autos: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Approximate # of months per year unit will be occupied: \_\_\_\_

Summer address if different from above: \_\_\_\_\_

Summer Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Summer Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Summer Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Do you have any specific skills, i.e. medical? ☐ Yes or ☐ No If yes, please list: \_\_\_\_\_**LEASE AGREEMENT: (If applicable) ☐ PLEASE ATTACH COPY OF LEASE**

Lease from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Minimum one (1) year, maximum three (3) years (renewable) rental. Maximum four (4) persons in residency for two (2) bedroom units and two (2) persons in residency for one (1) bedroom units (none under the age of 30). Lease will not be executed with Corporations, firms or partnerships. Business is not to be conducted on the premises. Listing agent name: \_\_\_\_\_

Office #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

**SALES AGREEMENT:**

Closing agent name: \_\_\_\_\_

Office #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_

**PERSONAL REFERENCES: (Local if possible)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**CREDIT REFERENCE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**BANK REFERENCE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**PLEASE NOTE: Your signature acknowledges that you have read Seville 8's By-Laws, Declaration and Rules & Regulations and agree to abide by them. In addition, by signing this application you authorize Seville Condominium Association, Inc. to obtain a criminal/credit bureau report.**

**Applicant Signatures:**

(1) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (2) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Current Owner Signatures:**

(1) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (2) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Seville Condominium 8, Inc. Board Signatures:**

(1) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (2) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(3) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (4) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(5) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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. - 4:00p.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**

**Seville Condominium 8, Inc.**

2612 Pearce Dr  
Clearwater, FL 33764

**Census Form for 55+**

To All Unit Owners:

Seville Condominium 8, Inc. is a community mainly for the housing of persons 55 years of age or older. The minimum age to live in this building is sixteen (16). In order to maintain this status, we are required to keep on file a current statistical database (updated every two years) of every resident along with a copy of their photo ID (or you may prepare a signed affidavit attesting to the age of each person(s) residing in the unit. Affidavit should include date, name, address, date of birth and signature of each person residing in the unit.)

Please complete the form below, attaching the needed photo ID's or affidavit(s) for each occupant and return to our lobby box within ten (10) days of receipt.

Board of Directors

Unit #: \_\_\_\_\_

Is the unit occupied: ☐ Full-time ☐ Part-time ☐ Unoccupied

Is the unit occupied by: ☐ Owner(s) ☐ Tenant(s)

Is one of the occupants fifty-five (55) years of age or older? ☐ Yes ☐ No

Please state the name and age(s) of all persons occupying unit:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Unit #: \_\_\_\_\_

**Seville Condominium 8, Inc.**

2612 Pearce Dr  
Clearwater, FL 33764

**Designated Voter Form**

Dear Owner(s):

The Association must have on file a form stating who the designated voter is for each unit. Only unit owners are entitled to vote, and each unit is entitled to one (1) vote.

Please designate who the voter will be for your unit by completing the form below:

Name of Unit Owner(s):

\_\_\_\_\_

\_\_\_\_\_

Person designated to vote from this unit:

\_\_\_\_\_

Date: \_\_\_\_\_

**Seville Condominium 8, Inc.**

2612 Pearce Dr  
Clearwater, FL 33764

**Important Things to Know**

1. Maintenance fees are due the 1<sup>st</sup> of every month. Include a 1% interest late fee if not paid by the 15<sup>th</sup> of the month. Please mail payments to the address in your coupon book.
2. Notify the Board in advance of move in/out date or any construction being done. Mats must be used in the elevator. Contact a Board member prior to move in or out for mats and elevator stop key.
3. At your "closing" from previous owner, be sure to receive all keys, including mailbox and pool key. Replacement pool key is \$50. Previous owner should also give you Seville Condominium 8, Inc. documents and the RO black book.
4. Upon receiving your warranty deed from the court house, take it, along with the RO black book to the RO office and they will issue a voting certificate. This will enable you to vote on issues at the RO. The RO office is open on Wednesdays from 10 am to noon, or by appointment.
5. One small pet is permitted fifteen (15) pounds at full maturity, with Board approval.
6. A key to your unit must be given to the Board to be used in emergency.
7. Trash days are Tuesday and Friday. Recycle (blue dumpsters) are picked up on Wednesday. All trash must be bagged and tied. Do not put large items in the chute as they clog it. Break down all boxes. Do not put glass down the chute. Do not use chutes after 10 pm or before 7 am.
8. Laundry room hours are 8 am – 9 pm. Laundry must be completed by 9 pm. Use only two (2) washers/dryers at a time.
9. The building provides name plates for doors (replacements are at owner's expense).
10. Owners may not lease their unit until they have owned it for two (2) years. Lessee(s) must complete an application and be approved by the Board prior to moving in.
11. Please be considerate of your neighbors, keep noise down after 11 pm.
12. Residents are not permitted on the roof, in the elevator room or electrical room. If workmen need roof access, contact a Board member.
13. No parking in any other building's guest parking. Vehicles will be towed.
14. Outdoor grilling is only permitted by the Fire Department with electric grills.
15. No smoking in common and limited common areas of this Association.
16. Pool attire: cover ups/foot covering required going to or coming from the pool.
17. \$150 damage deposit (refundable if no damage) will be collected prior to moving in/out and doing renovations. This will be collected from all owners to cover their renters also.
18. Washers/dryers permitted with Board approval only. All work must be done by licensed contractors.

**Seville Condominium 8, Inc.**

2612 Pearce Dr  
Clearwater, FL 33764

**OWNER/LANDLORD AFFIDAVIT**

As an OWNER you are about to render an affidavit that the information that you have given herein is truthful. You are giving the application in order to influence the Seville Condominium 8, Inc. to allow you to lease your unit as allowed under the current governing documents, as amended. You attest that it is not your intention to mislead or give falsified information.

**AS AN OWNER I/WE HAVE RENTED THIS UNIT FOR \_\_\_\_\_ MONTHS.**

In the event that you did in fact obtain a renter for less than twelve (12) months but spread the payment to appear to be for the full twelve (12) months, this is a falsification and misrepresentation. Any prosecution as a result of this type of action and subsequent damages and costs incurred shall constitute a lien on the property.

I/We \_\_\_\_\_ (owners) of the condominium Unit # \_\_\_\_\_ located at 2612 Pearce Dr, Clearwater, FL 33764 hereby attest to the legitimacy of this Lease Agreement.

In the event false information or misrepresentations have been made on the part of the owner(s), all court costs, attorney fees and other expenses incurred on the part of Seville Condominium 8, Inc. or its Agents in the enforcement of the Association documents shall become the responsibility of the owner. Said costs, fees and expenses shall and will become a lien against the property.

**I/We also represent there are no other private agreements or arrangements other than what is presented as fact in this Application and on the Lease Agreement.**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Printed Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Printed Name: \_\_\_\_\_

State of Florida

County of \_\_\_\_\_

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_ or through \_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Personalized Seal)

\_\_\_\_\_  
Notary Public's Signature