# Heather Hill I Condominium Assn. c/o Ameri-Tech Property Management, Inc. 24701 US Highway 19 No., Suite 102 ~ Clearwater, FL 33763 Phone: 727 / 726-8000 ~ Fax: 727 / 723-1101

## INTERVIEW REQUIRED

# New OWNER:

After approval by the Heather Hill I Board of Directors, immediately send this application to Ameri-Tech Property Management. **\$150 application fee per person.** 

Address of unit purchased:				
Closing date:				
Title Company address:				
Realtor name:				
Real Estate Co				
Address:	Fax #:			
New Resident Information:				
Name:	Date of Birth:			
Name:	Date of Birth:			
Current address:			_ Home Phone:	
Work phone:	Ce	ell Phone:_		
Will Occupy:Year Around	Seaso	nal _	Leased	
Additional Occupants:				
Name		_ Relation	ship	Age
Vehicle Information:				
Year Make	Color	State	Tag #	
Year Make		State	Tag # Tag #	
			'ug //	<u></u>
Pets:				
Small bird: Fish No oth	ner pets permitte	ed.		
Did you receive a set of Condominiun	n Documents?	Yes	No	
Buyer hereby acknowledges that he/s Rules and Regulations contained her and agrees to abide by each and eve Regulations of the Condominium asse directly responsible for any and all ac in/on the premises of Heather Hill I. I honest and accurate.	ein and the by-la ry term and con ociation. The ur tions of family n	aws of the dition of th ndersigneo nembers, g	association and furtl e same., as well as t further understands juests, employees ar	her acknowledges the Rules and and he/she is nd agents who are
Buyer's Signature:			Date:	
Buyer's Signature:			Date:	

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

#### CUSTOMER NUMBER 2325 - AMERI-TECH

PROPERTY / ASSOCIATION -\_\_\_\_\_

# BACKGROUND INFORMATION FORM

\_\_\_\_\_, prospective

DATE:\_\_\_\_

tenant(s) / buyer(s) for the property located at

Managed By:

I / We

\_\_\_\_\_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 new or in the future.

# PLEASE PRINT CLEARLY

INFORMATION:	SPOUSE / ROOMMATE:		
SINGLE MARRIED	SINGLE MARRIED		
SOCIAL SECURITY #:	SOCIAL SECURITY #:		
FULL NAME:	FULL NAME:		
DATE OF BIRTH:	DATE OF BIRTH:		
DRIVER LICENSE #:	DRIVER LICENSE #:		
CURRENT ADDRESS:	CURRENT ADDRESS:		
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:		
LENGTH OF EMPLOYMENT:	LENGTH OF EMPLOYMENT:		
WORK PHONE NUMBER:	WORK PHONE NIMBER:		
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:		
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. or Sat WILL BE PROCESSED THE	IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL TH REPORT.		
NEXT OUSINESS DAY	A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS APARTMENT COMPLEXES -		

TENANT CHECK FAX #: (727) 942-6843

727) 942-6843 MOBILE HOME PARES / CONDOMINIUM ASSOCIATIONS / EMPLOYERS

FEDERAL LAW REQUIRES THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS (tenant clicck application rev. 08/2008)