

FAREHAM SQUARE CONDOMINIUM ASSOCIATION, INC.

c/o AMERI-TECH COMMUNITY MANAGEMENT, INC.

24701 US Highway 19 N., Ste. 102, Clearwater, FL 33763

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SALE/TRANSFER/LEASE APPLICATION

This application form should be fully completed to include the authorization for release of criminal background report and have attached to it:

- **A copy of all the proposed sale/transfer/lease documents;**
- **A check or money order payable to Fareham Square Condominium Association in the amount of \$100 per person (except husband/wife or parent/dependent child combinations, which are a single fee);**
- **A separate form with information and application fee must be submitted for each person who will be listed on the title/lease to the unit;**
- **NOTE: Missing or incomplete information will cause the application to be returned without action.**

**THIS INFORMATION IS CONFIDENTIAL PURSUANT TO FLORIDA STATUTE
CHAPTER 718.111(12)(c)2.**

In anticipation of the purchase/transfer/lease of any unit within Fareham Square Condominium Association, owners or their agents must complete and submit all of the information requested in this application form, as well as items listed above to the Management Company of Fareham Square Condominium Association, Inc. at least fifteen (15) days prior to the date of the proposed sale/transfer/lease.

The Board of Directors (BOD) shall, after notification of a unit owner's intent to sell/transfer/lease a unit AND completion of the criminal background report and application information form, conduct a meeting to approve or not approve the proposed sale/transfer/lease; the BOD shall provide to the applicant and the current owner notification of such approval or disapproval within fifteen (15) days from receipt of the intention and required documentation.

NAME(S) OF CURRENT OWNER(S): _____

UNIT #: _____ **DATE:** _____

I. GENERAL INFORMATION FOR BUYER(s)/TRANSFeree(s)/LESSEE(s):

A. LAST, MIDDLE, FIRST NAME for each buyer/transferee/lessee named on the application. (If more than two (2) are named, please provide all the following requested information for each additional person on the reverse side of this form.)

1. _____

2. _____

B. Current Home Address and Length of Residence at that address:

1. _____

2. _____

C. Previous Home Address and Length of Residence at that address:

1. _____

2. _____

II. APPLICANT IDENTIFYING INFORMATION

A. Country of Citizenship for each buyer/transferee/lessee named:

1. _____

2. _____

B. Date and Place of Birth (for each person named):

1. _____

2. _____

D. Driver License Number and State/Province/Country:

1. _____

2. _____

E. Phone Numbers (List preferred contact number first):

1. _____

2. _____

F. E-mail Address for Each Resident:

1. _____

2. _____

III ADDITIONAL PERSONAL INFORMATION FOR PROTECTION OF FAREHAM RESIDENTS

A. May the phone number you previously listed be included in the directory of Fareham residents on our website, www.farehamsquareassoc.com ?

If YES, please place an X by the information (listed above) that may be included.

B. Emergency Contact Information for Residents:

Resident 1: Name of Contact: _____

Phone Number: _____

Relationship: _____

Resident 2: Name of contact: _____

Phone Number: _____

Relationship: _____

Other Emergency Contacts:

Name: _____

Phone Number: _____

Relationship: _____

IV APPLICANT'S INTENDED USE OF UNIT

A. Purchasing Unit for:

_____ Applicant's year-round personal housing

_____ Applicant's part-time personal housing

_____ Year-round housing for a relative

_____ Part-time housing for a relative

_____ For Rental (after one year of residence)

B. If the unit will be occupied for personal use or as personal housing for a relative, please provide the names and ages of those who will regularly occupy the unit:

NAME

AGE

_____	_____
_____	_____
_____	_____
_____	_____

C. Fareham Square Rules and Regulations allow a maximum of three (3) pets in a unit. The total weight restriction for dog(s) is 30 lbs. at maturity.

If the unit will house pets, please name type of each pet, also breed and current weight for each adult dog:

V APPLICANT'S SALES/TRANSFER/LEASE TERMS

A. Since the unit is being sold/transferred/leased, the following information is required to be disclosed to the Association:

1. Date of Closing for Purchase/Transfer: _____

2. Date of Signing for Lessee: _____

3. Date of occupancy for above: _____

4. How many owners of record will be shown on the title in the deed?

Please list their names.

5. Who will have the voting right for the unit if more than one name is recorded?

6. Name and Contact Phone Number of the Title Company and Your Sales Agent:

VI APPLICANT ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS

Before you complete and sign this form, the seller/transferor should provide you, at no cost, a copy of these condominium documents.

Have you received the following documents?

Please Initial under your choice for each of 1 - 4:

YES

NO

1. Declaration of Condominium with all amendments

2. Articles of Incorporation with amendments

3. By laws with all amendments

4. Rules & Regulations

Only the following document will be provided to a Lessee:

YES

NO

4. Rules & Regulations

NB: SALES/TRANSFERS

The law provides you with three (3) days, excluding Saturday, Sunday and legal holidays, after receipt of the above documents in which to cancel your purchase of the unit. It is important that you read and understand the four documents provided to you as they will govern the use of your unit and operation of Fareham Square Association.

I understand that I am responsible for reviewing and understanding the contents of the listed documents and that I will be expected to comply with all of their provisions, notwithstanding any contrary representations.

If I have questions about content in the four documents, please contact the name listed in this document's heading during normal business hours for an explanation.

Sign and date below that you have received the four documents AND understand their contents:

Occupant 1: _____

Occupant 2: _____

**VII APPLICANT INFORMATION FOR UNIT TRANSFER APPROVAL FORM
(SALES/TRANSFERS)**

Upon successful processing of this application, the association will issue an "Approval of Unit Transfer" form which you must give to your closing agent and which will then be recorded in the public records along with your deed. To properly complete that form, the association need the following information:

Owner's name (or Owners' names), as it (they) appears on the deed

VIII APPLICANT ATTESTATION AND SIGNATURE

(Please initial each section.)

I hereby certify that all of the above information is correct. _____

I authorize my current and former employers, any background information agency, any state driver license agency, any prior condominium board or apartment manager, any bank or any court, to furnish records of my service, driver license, residency, full credit check, bank account information and/or criminal information, together with all such other information as those agencies may have on me, whether on record or not. _____

I further permit the Board of Directors of Fareham Square Condo Association, Inc. or their Management Company, to conduct such investigation as they deem appropriate and to obtain any record concerning me from any agency, and hereby forever release and discharge any claims, liability, actions for damages, compensation or otherwise, know or unknown, the Board of Directors of Fareham Square Condominium Association, Inc., its officers, agents and employees and all other persons acting on its behalf, any person or agency furnishing said information concerning the investigation of this application or arising out of the disclosure of any information concerning the investigation of this application. A reproduced copy of this release shall be valid as the original copy. I understand further that any interview committee is without the power to grant rule exceptions. _____

APPLICANT'S SIGNATURE (APPLICANTS' SIGNATURES) AND AUTHORIZATION

_____	_____
Signature	Signing Date

_____	_____
Signature	Signing Date

FAREHAM SQUARE CONDOMINIUM ASSOCIATION, INC.

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____, _____, by _____ (and , if applicable, also by) _____, personally known to me or has (have) produced _____ as identification.

Notary Public

My Commission Expires: _____

Name Printed or Typed

AUTHORIZATION REGARDING SALES INFORMATION

The Applicant and the Seller hereby authorize the release of all information concerning the sales contract and mortgage terms, including authorizing the release of information from the Title Company and Mortgage Company regarding items and sales price of the contract.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

If applicable, SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____ (and , if applicable also by) _____, personally known to me or has (have) produced _____ as identification.

Notary Public

My Commission Expires: _____

Name Printed or Typed

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORMI / We _____, prospective
tenant(s) / buyer(s) for the property located at _____,

Managed By: _____ Owned By: _____,

Hereby allow TENANT CHECK LLC 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 LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY**TENANT 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 3:00 p.m. (2:00 p.m. on Sat.) WILL BE PROCESSED THE
NEXT BUSINESS DAY**email@tenantcheckllc.com**

**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