Bayway Condominium Association, Inc. Application for Sale / Lease

Application fee of \$150.00 for all Sales and Leases, checks should be made payable to Bayway Condominium Association, Inc. Please provide a copy of the purchase contract / or lease agreement.

I / We,			
The prospective Buye	r(s) / tenant(s) for Unit	at Bayway Condominium Association, Inc. that ishereby allow TENANT CHECK, and / or the	
property owner/mana	ager to inquire into my/our cred	dit file, criminal, and civil history to obtain information	
I/We understand that	on my/our credit file it will appea	ar that TENANT CHECK has made an inquiry. I/We canno	
claim any invasion of p	privacy against them now or in th	ne future.	
Signature		Signature	
Applicant's Information			
Full Name			
Driver License:	Birth Date:	Telephone:	
Email:			
To receive Association	Correspondence via email, initia	al here:	
Present Address:			
		and Tel:	
Previous Address:			
	Employer:		
How long:	Supervisor Name & Tel:		
Havo vou over heen a	rrested? Y / N Have you	avan haan aviatada W/N	
nave you ever been a	riested: 17 N Have you	ever been evicted: Y/N	
Co-Applicant's Inform	, , , , , , , , , , , , , , , , , , ,	ever been evicted: Y / N	
Co-Applicant's Inform	nation_	ever been evicted: Y / N	
Co-Applicant's Inform	nation		
Co-Applicant's Inform Full Name Driver License:	nation Birth Date:	Telephone:	
Co-Applicant's Inform Full Name Driver License: Email:	nation Birth Date:	Telephone:	
Co-Applicant's Inform Full Name Driver License: Email: To receive Association	Birth Date: Correspondence via email, initia	Telephone:al here:	
Co-Applicant's Inform Full Name Driver License: Email: To receive Association Present Address:	Birth Date: Correspondence via email, initia	Telephone:al here:	
Co-Applicant's Inform Full Name Driver License: Email: To receive Association Present Address: How long:	Birth Date: Correspondence via email, initia Rent: Y/N Landlord Name	Telephone:al here:	
Co-Applicant's Inform Full Name Driver License: Email: To receive Association Present Address: How long: Previous Address:	Birth Date: Correspondence via email, initia Rent: Y/N Landlord Name	Telephone:al here:	

Have you ever been evicted: Y/N

Have you ever been arrested? Y/N

Bayway Condominium Association, Inc.

References:			
Name	 Date	Date	
Name		 Date	
Names and ages of person(s) occupying the Many Associations have restrictions on the Association by-laws to ensure that you will be	ne number o	· · · =	unit. Please check the
Name	Age	Name	Age
Name	Age	Name	Age
By-Laws to ensure that you will be in complointhe Association can be towed at the own Make / Model		License Number	· · · · · · · · · · · · · · · · · · ·
Make / Model		License Number	-
Make / Model		License Number	
Corporate record information and other ma Florida Statutes requires the Association to The purpose of this section of the applicatio Mailing address if different than property ac	maintain a c on is to updat	urrent roster of owners and one the corporate record of the	Association.

Bayway Condominium Association, Inc. Approval Form

Telephone number of the property:		
This number will not be given out, it will on	ly be used in the event of an emergen	cy of the board of Directors
feel I necessary to contact you immediately.		
Unit #:		
In case of emergency, Please notify:		
Please return this completed application to:		
Bayway Condominium Association, Inc.		
C/O Ameritech Community Management		
6415 1 st Ave. South		
St. Petersburg, FL 33707		
Attn: Corey Palmer		
Office: (727) 726-8000 Ext 357		
Fax: (727) 723-1101		
Email: CPalmer@ameritechmail.com		
Documents & Agreement		
I/We have received and read the Condomir Condominiums, Articles of Incorporation and		
Applicant	Co-Applicant	
Association Use Only:		
() Approved () Disapproved		
Ву:		
Signature	Title	Date

CUSTOMER NUMER 2325 – AMERI-TECH PROPERTY / ASSOCIATION – BAYWAY CONDOS

BACKGOUND INFORMA	
·	d at, prospective
	Owned By:
Hereby allow TENANT CHECK and or the property owner / man	ger to inquire into my / our credit file, criminal, and rental history as well as any other personal record / We understand that on my / our credit file it will appear the TENANT CHECK has made an inquiry. I
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 EMPLOYEMENT:	LENGTH OF EMPLOYMENT:
WORK PHONE NUMBER:	WORK PHONE NUMBER:
HAVE YOU EVER BEEN ARRESTED?	HAVE YOU EVER BEEN ARRESTED:
(CIRCLE ONE) YES NO	(CIRCLE ONE) YES NO
HAVE YOU EVER BEEN EVICTED?	HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO	(CIRCLE ONE) YES NO
SIGNATURE:	SIGNATURE:
PHONE NUMBER:	PHONE NUMBER: