

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.

Date: _____

I / We, _____

The prospective Buyer(s) / tenant(s) for Unit _____ at Bayway Condominium Association, Inc. that is currently 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 _____

Applicant's Information

Full Name _____

Driver License: _____ Birth Date: _____ 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: _____ Supervisor Name & Tel: _____

Have you ever been arrested? Y / N Have you ever been evicted: Y / N

Co-Applicant's Information

Full Name _____

Driver License: _____ Birth Date: _____ 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: _____ Supervisor Name & Tel: _____

Have you ever been arrested? Y / N

Have you ever been evicted: Y / N

Bayway Condominium Association, Inc.

References:

Name

Date

Name

Date

Names and ages of person(s) occupying 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.

Name

Age

Name

Age

Name

Age

Name

Age

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

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:

Bayway Condominium Association, Inc.
Approval Form

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 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 1st Ave. South
St. Petersburg, FL 33707
Attn: Scott Vignery, LCAM

Office: (727) 726-8000 Ext 222

Fax: (727) 723-1101

Email: svignery@ameritechmail.com

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.

Applicant

Co-Applicant

Association Use Only:

() Approved () Disapproved

By: _____

Signature

Title

Date

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

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