



APPLICATION FOR: TOWNHOMES OF LAKE SEMINOLE #6

Married and/or Unmarried Co-Applicant must complete a separate Application. Do not leave any blank spaces. Use Black Ink. Complete all pages to application.

**Include check or money order for the \$100 fee, payable to:
Townhomes of Lake Seminole #6**

[] New Purchase Application: _____
(Name of Buyer(s))

[] Rental Application: _____
(Name of Renter(s))

From _____ To _____
SELLER/LANDLORD *PURCHASER/TENANT*

Condominium Address _____

Closing/Occupancy Date (Purchase) _____

Rental: From _____ To _____

Applicant(s) represent that the following information is true and correct and consent to your further inquiry and investigation concerning this information or any information that comes from that inquiry which is necessary for approval of this request.

Is unit to be leased? Yes _____ No _____

If unit is to be leased, purchaser agrees to supply the Board of Directors with an application for lease and copy of the lease prior to rental occupancy.

If unit will not be leased, owner will live in unit: part time _____ full time _____

Persons (all occupants) who will occupy the above condominium are as follows:

Name _____ SS# _____ DOB _____
D/L No. _____ State _____

Spouse _____ SS# _____ DOB _____
Spouse's D/L No. _____ State _____

Other Occupants: (To include children)

Name _____ Relationship _____ Age _____ SS# _____

Name _____ Relationship _____ Age _____ SS# _____

Name _____ Relationship _____ Age _____ SS# _____

Pets: Number ____ Type _____ Breed _____ Weight ____ Age ____
Number ____ Type _____ Breed _____ Weight ____ Age ____

(Weight limitation is 25 lbs. at full maturity, effective April 2020 by the THLS POA. Pinellas County Animal Services require all dogs and cats must be licensed along with Rabies and Distemper shots as required by the PCAS. Pet limit is two pets per unit.)

Automobiles:

Make/Color _____

State/Tag # _____

Name & Address of Title Co. _____

Make/Color _____

State/Tag # _____

Name & Address of Title Co. _____

Real Estate Agent _____ Phone (____) _____

Home Phone No. (____) _____ Why Moving? _____

Present Address _____ City/State _____ Zip _____

Present Landlord _____

Mortgage Holder _____ Phone (____) _____

Length of Residence _____ to _____ Monthly Rent/Mortgage \$ _____

Mortgage Acct # _____

Previous Address _____ City/State _____ Zip _____

Previous Landlord _____

Length of Residence _____ to _____ Monthly Rent/Mortgage \$ _____

Mortgage Holder Phone (____) _____

Are you currently serving In the US Military, National Guard as an Active or Reservist: Y ____

N ____?

Present Employer _____ City/State/Zip _____

Phone (____) _____

Position _____ Dates Employed _____ To _____

Income \$ _____ Per _____ Mgr. _____

Previous Employer _____ City/State/Zip _____

Phone (_____) _____

Position: _____ Dates Employed: _____ To: _____

Income \$ _____ Per _____ Mgr. _____

Spouse Present Employer _____ City/State/Zip _____

Phone (_____) _____

Position _____ Dates Employed _____ To _____

Income \$ _____ Per _____ Mgr. _____

In Case of Emergency Notify _____ Phone (_____) _____

Have you ever had an eviction filed or left owing money to an owner or landlord?

Applicant: Yes _____ No _____

Have you applied for residency in the past 2 years, but did not move in? Applicant: Yes ___ No ___

Have you ever had adjudication withheld or been convicted of a crime? Applicant: Yes ___ No ___

Spouse: Yes ___ No ___; Family Member over 18 yrs. of age: Yes ___ No ___.

Any other Occupant over 18 yrs. of age: Yes _____ No _____

If you answered YES to any of the above questions, please explain below the circumstances regarding the situation.

Explanation _____

AUTHORIZATION OF RELEASE OF INFORMATION: Applicant(s) represents that all the above information and statements on the application for rental or sale are true and complete, and hereby authorize an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. This application must be signed before it can be processed by management. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this state. Applicant(s) states that he/she has received a copy of all condominium documents, including Declaration of Condominium, Articles of

Incorporation, Bylaws and Rules and Regulations, and has read, understood, and agrees to abide by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter officially by the POA and Association.

NON-REFUNDABLE APPLICATION FEE - Applicant(s) agree to pay **\$100.00** for a non-refundable processing fee. **Check to be payable to Townhomes of Lake Seminole #6.**

RETURN completed application and non-refundable fee to **Qualified Property Management, 1301 Seminole Blvd., St. 110, Largo, FL 33770** PHONE 727-869-9700 FAX: 727-581-1734

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Board Approval _____ **Date** _____
(Name/Title)

PERSONAL REFERENCES: Please provide the names, addresses and contact information of three persons, not related, as personal character references.

NAME _____ WORK PHONE (____) _____

CELL PHONE (____) _____ CITY _____ ZIP CODE _____

NAME _____ WORK PHONE (____) _____

CELL PHONE (____) _____ CITY _____ ZIP CODE _____

NAME _____ WORK PHONE (____) _____

CELL PHONE (____) _____ CITY _____ ZIP CODE _____