

VIRGINIA CROSSING HOMEOWNERS ASSOCIATION, INC.

Sales/Rental Application

Dear Prospective New Owner/Renter:

All prospective new owners and renters are required by the association documents to complete an application and **interview** with the Association prior to closing and/or occupancy of the unit. You should plan to allow up to **10 business days** prior to closing and/or occupancy for processing and setting up your interview. All items listed below (completed originals with appropriate copies and signatures) must be received at the following address **10 business days** prior to closing and/or occupancy:

Ameri-Tech Community Management

24701 US HWY 19 N, Suite 102

Clearwater, FL 33763

727-726-8000

Attn: Beverly Neubecker

The following items are required as part of the review and interview process:

- ▶ Completed Sales/Rental Application
- ▶ Copy of Sales Contract or Lease
- ▶ \$150 fee made payable to the Virginia Crossing HOA, Inc.
- ▶ Tenant Check Completed Form

Before completing your application, be sure to review the Associations Governing Documents as Virginia Crossing is a deed restricted community. You may view the documents online at www.vcrossinghoa.org

The following will be completed at the interview and sent to Ameri-Tech by Virginia Crossing Homeowners' Association:

- ▶ Signed Confirmation of Interview

Prior to closing, your Title Company must obtain a current Estoppel letter from Ameri-Tech Community Management. Procedures for an Estoppel letter are found at:

www.vcrossinghoa.org

VIRGINIA CROSSING HOMEOWNERS ASSOCIATION, INC. SALES/RENTAL APPLICATION

***No occupancy prior to approval. ***

(Check One) ___ Sales Application ___ Rental Application

DATE: _____

FROM(Owner): _____

TO(Buyer/Tenant): _____

Regarding Address: _____

If rental, provide manager contact below. Rental date from: _____ to: _____

Name: _____

Address/City/St/Zip: _____

Phone: _____ Email: _____

Closing Date: _____ Occupancy Date: _____

Title Company: _____

Contact Person: _____ Phone: _____

Address/City/St/Zip: _____

Person(s) who will occupy the above property are as follows:

#1Name: _____

#1Email: _____

#1Cell: _____

#1Retired ___ Yes or ___ No, if No, Employed by:

#1Employer phone: _____

#2Name: _____

#2Email: _____

#2Cell: _____

#2Retired ___ Yes or ___ No, if No, Employed by:

#2Employer phone: _____

Purchaser's/Tenant's present address:

City/St/Zip

Vehicle Information:

Make	Model	Tag #

Pets: Type: _____ Approximate Weight: _____

Emergency Contact: (Person not residing on your property who could be contacted in case of emergency)

Name

Phone#

Address/City/St/Zip

Seasonal/Second Home Address - Dates away from: _____ to: _____

Address/City/St/Zip

I/We declare without reservation that the above information is true and accurate. I/We have read, understand, and agree to abide by the Association's Governing Documents including Rules and Regulations. I/We also understand that as a resident or member of the Association I/We agree to accept the delinquent account collection procedures by the Association.

(Signature of Purchaser/Renter)

(Signature of Purchaser/Renter)

_____ Initial if agree to electronic communication

_____ Initial if agree to electronic communication

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The interview was conducted on: _____ by a Virginia Crossing board member.

The applicants are approved / disapproved.

Virginia Crossing HOA interviewer: _____

I/We confirm our interview date.

Signature1: _____

Signature2: _____

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORM

I / 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

<u>TENANT INFORMATION:</u>	<u>SPOUSE / ROOMMATE:</u>
SINGLE _____ MARRIED _____	SINGLE _____ MARRIED _____
SOCIAL SECURITY #: _____	SOCIAL SECURITY #: _____
FULL NAME: _____	FULL NAME: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
DRIVER LICENSE #: _____	DRIVER LICENSE #: _____
CURRENT ADDRESS: _____ _____ HOW LONG? _____	CURRENT ADDRESS: _____ _____ HOW LONG? _____
LANDLORD & PHONE: _____	LANDLORD & PHONE: _____
PREVIOUS ADDRESS: _____ _____ HOW LONG? _____	PREVIOUS ADDRESS: _____ _____ HOW LONG? _____
EMPLOYER: _____	EMPLOYER: _____
OCCUPATION: _____	OCCUPATION: _____
GROSS MONTHLY INCOME: _____	GROSS MONTHLY INCOME: _____
LENGTH OF EMPLOYMENT: _____	LENGTH OF EMPLOYMENT: _____
WORK PHONE NUMBER: _____	WORK PHONE NUMBER: _____
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 4:30 p.m. (3:00 p.m. on Sat.) WILL BE PROCESSED THE NEXT BUSINESS DAY

TENANT CHECK FAX #: (727) 942-6843

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