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 **TEN (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 **TEN (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: James Myrthil

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 ApplicationRental 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:			
#1 Name:			
#1 Email:			
#1 Cell:			
#1 RetiredYes orNo, if No, Employed by:			
#1 Employer phone:			
#2 Name:			
#2 Email:			
#2 Cell:			
#2RetiredYes orNo, if No, Employed by:			
#2 Employer phone:			

Purchaser's/Tenant's preser	nt address:			
City/St/Zip				
Vehicle Information:			 	
MAKE	MODEL		TAG #	
Pets: Type:	Approximate Weight:			
Emergency Contact: (Person nemergency)	ot residing on your _l	property who	could be contacted in case of	
Name	Phone #			
Address/City/St/Zip				
Seasonal/Second Home Add	Iress - Dates away t	from:	to:	
Address/City/St/Zip				
understand, and agree to abide	e by the Association and that as a resider	's Governing nt or member es by the Ass		
(Signature of Purchaser/Ren	ter)		re of Purchaser/Renter)	
Initial if agree to electronic	c communication	Initial if a	gree to electronic communication	
The interview was conducted member.	on:		by a Virginia Crossing boar	
The applicants are approved /	disapproved.			
Virginia Crossing HOA intervie	ewer:			
I/We confirm our interview d	ate.			
Signature1:				
Signature2:				