Westwind of Treasurer Island Condominium Association, Inc.

c/o Ameri-Tech Community Management Partners, LLC.
6415 1st Avenue South St Petersburg, FL 33707
Office: (727) 726-8000 Ext 273 Fax: (727) 873-7307
James Myrthil, LCAM Email: jmyrthil@ameritechmail.com

Sales / Lease Application

This application form should be fully completed to include the authorization for release of criminal background report and have attached to it:

- A copy of all the proposed sale or lease documents
- Application fee of $150.00 for all Sales and Leases, checks should be made payable to Westwind of Treasurer Island Condo Association, Inc. per person 18 years of age and up that are listed on title/lease.

Please return this completed application to: The entire lease application package, including the items listed in a/b/c below, shall be mailed to: Ameri-Tech Community Management Partners, LLC., 6415 1st Ave South, St. Petersburg FL 33707 OR emailed to: jmyrthil@ameritechmail.com

Note: Missing or incomplete information will cause the application to be returned without action. This information is confidential pursuant to Florida Statute Chapter 718.111(12)(c)2.

Unit #_____ **Choose One:** ☐ **Sale** ☐ **Lease**

Dates of Lease: from _____ to_____

Expected Date of Closing: _____

Check which use you intend for your unit: Full-time Resident ☐ **Second Home** ☐ **Rent** ☐

Applicant's Information

Full Name_____

Telephone: _____ Email: _____

Current Address: _____

Co-Applicant's Information

Full Name_____

Telephone: _____ Email: _____

Current Address: _____

Westwind of Treasurer Island 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

Make / Model _____ License Number_____

Make / Model _____ License Number_____

PET DISCLOSURE: **Will a pet be at Westwind Treasurer Island? Check: Yes☐ No☐**
If yes, please review the Westwind of Treasurer Island Pet Policy and complete the additional form.

Mailing address if different than property addresses: _____

In case of emergency, please notify: _____

Documents & Agreement (sign below)

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 _____

BACKGOUND 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	**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:

FEDERAL LAW REQUIRED THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS

Westwinds of Treasure Island Condo Association, Inc.

PET APPLICATION FORM

Part I - All Applicants:

Application Date	
Applicant Name and Unit #	
Pet Name, Type, and Breed	
Start/ End dates at Westwinds	
Weight of Pet	

Part II - **Applicants requiring an assistance animal:**

Is the assistance animal required because of a disability?	
What work or task is the assistance animal trained to perform?	

Part III - **Applicants requesting a reasonable accommodation to the pet rules because of applicant's disability:**

Accommodation Requested	
Explanation of how accommodation is needed for applicant's disability	

The undersigned Owner/Lessee/Guest/Resident has/have read the Associations Rules and Regulations Governing Pets and agree (s) to abide by them.

_____ _____

Signature or Applicant(s) **Signature of Association/Agent**

_____ _____

Print Name **Print Name**

_____

Print Name

6.22.26