

# EAST LAKE WOODLANDS CONDO VII ASSOCIATION

<http://www.elwcondo7.com>

## SALES AGREEMENT APPLICATION

Processing of this application requires checks in the amount of \$100. made payable to ELW Condo VII Association. The Board requires fifteen (15) working days from receipt of a completed application for approval.

This application will not be processed unless it is completely filled in, a copy of the Sales Agreement, a copy of the owners Driver's License is attached, and application fee paid in full.

**Purchaser** represents that the following information is true and correct and consents to further inquiry and investigation concerning the information supplied to any information which comes from that inquiry which is necessary for the approval of this application.

**CONDO VII** Property to be purchased: \_\_\_\_\_

Current Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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Purchaser: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\*\* Owner must own for one (1) year before leasing

Closing Date: \_\_\_\_\_ Realty Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Title Company: \_\_\_\_\_ Phone: \_\_\_\_\_

### Contact information where this application is to be sent after approval:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Buyer References (non-related only):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Names of Persons that will occupy this Unit:**

1) \_\_\_\_\_ Birth Date: \_\_\_\_\_

2) \_\_\_\_\_ Birth Date: \_\_\_\_\_

3) \_\_\_\_\_ Birth Date: \_\_\_\_\_

4) \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Emergency Contact (person to contact in case of emergency):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**VEHICLES/AUTOMOBILES**

1) Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate #: \_\_\_\_\_

2) Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate #: \_\_\_\_\_

**PET INFORMATION**

Type of Pet: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Tag #: \_\_\_\_\_

Type of Pet: \_\_\_\_\_ Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Tag #: \_\_\_\_\_

**Purchaser** states that he/she has received a copy of the following and has read these documents, understands their content and agrees to abide by all of the conditions and terms therein, and all reasonable rules and regulations enacted thereafter officially by the Association.

\_\_\_\_\_ Declaration of Condominium, Articles of Incorporation & By-Laws (owners only)

\_\_\_\_\_ Rules & Regulations (Form F-001)

\_\_\_\_\_ Crime Free Addendum (Association gets copy, with signature)

\_\_\_\_\_ Owner acknowledges that, as a new owner, will not lease or rent the aforementioned ELW Condo VII property for a minimum of one (1) year after purchase

\_\_\_\_\_ Owner acknowledges that, after one (1) of ownership and wishes to lease, that the Owner will comply with all regulations regarding the leasing of the property, see Lease Agreement Application (Form F-003)

\_\_\_\_\_ Agrees that any violation to the Rules and Regulations will result in a fine payable to Association

\_\_\_\_\_ Received Mailbox key

\_\_\_\_\_ Received Pool key

\_\_\_\_\_ Received Magnet

\_\_\_\_\_ Provided access to the Condo VII website ([www.elwcondo7.com](http://www.elwcondo7.com))

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**|| Any change in occupancy may not occur without required Board approval**

**Mail Completed Application to:**

AmeriTech Community Mgmt., Inc. (Attn: Lorenzo Berry)  
24701 US Highway 19N, Suite 102  
Clearwater, FL 33763  
Phone: 727-726-8000, ext 234  
Email: [LBerry@ameritechmail.com](mailto:LBerry@ameritechmail.com)

**Interviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Board Member*



# **CRIME FREE ADDENDUM**

EAST LAKE WOODLANDS CONDO VII ASSOCIATION, INC.  
AMERI-TECH PROPERTY MANAGEMENT, INC.

In consideration of the execution or renewal of a lease or transfer of ownership of the dwelling unit identified in the lease, or sales agreement. Owner and Resident agree as follows:

Resident, any members of the resident's household or a guest or other persons affiliated with the resident:

**The tenant/resident as all times during the tenancy shall: Comply with all obligations imposed upon tenants/residents by applicable provisions of building, housing and health codes.**  
**The tenant/resident shall comply with FS Chapter 83.52. Tenants obligations to maintain dwelling unit.**

1. Shall not engage in criminal activity, including drug-related criminal activity, on or near the said premises. "Drug related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use and illegal or controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802]).
2. Shall not engage in any act intended to facilitate criminal activity.
3. Shall not permit the dwelling unit to be used for, or to facilitate criminal activity regardless or whether the individual engaging in such activity is a member of the household or a guest.
4. Shall not engage in the unlawful manufacturing, selling, using, storing, keeping, or giving of an illegal or controlled substance as defined in FS Chapter 893, at any locations, whether on or near the dwelling unit premises.
5. Shall not engage in any illegal activity, including prostitution, criminal street gang activity, threatening or intimidating any person on premises, assault, including but not limited to the unlawful discharge of a weapon, on or near the dwelling unit premises, or any breach of the lease agreement that otherwise jeopardizes the health, safety, and welfare of the landlord, his agent, property management, or other tenant, or involving imminent or actual serious property damage, as defined in FS Chapter 83 and as defined in FS Chapter 893, Title XI, VI, Drug Abuse Prevention and Control.
6. **VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL AND IRREPARABLE VIOLATION OF THE LEASE AND GOOD CAUSE FOR IMMEDIATE TERMINATION OF TENANCY.** A single violation of any of the Provisions of this added addendum shall be deemed a serious violation, and a material and irreparable non-compliance. It is understood that a single violation shall be good cause for immediate termination of lease under FS Chapter 83 as provided in Civil Practice and Procedure, Enforcement of Right and duties; civil action. Unless otherwise provided by law proof of violation shall not require a criminal conviction but shall be by a preponderance of the evidence.
7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of the addendum shall govern.

This ADDENDUM is incorporated into the Lease/Ownership Sales Agreement executed or renewed this (date):  
\_\_\_\_\_ between Owner and Resident, Landlord and Tenant, East Lake Woodlands VII  
Association, Inc. and Resident/Owner.

\_\_\_\_\_  
Signature of Landlord/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant/Resident

\_\_\_\_\_  
Date

**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 own / 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**

<u>INFORMATION</u>			<u>SPOUSE / ROOMMATE</u>		
SINGLE: _____		MARRIED: _____	SINGLE: _____		MARRIED: _____
SOCIAL SECURITY NUMBER _____			SOCIAL SECURITY NUMBER _____		
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 EMPLOYMENT _____			LENGTH OF EMPLOYMENT _____		
WORK PHONE NUMBER _____			WORK PHONE NUMBER _____		
HAVE YOU EVER BEEN ARRESTED?		YES NO	HAVE YOU EVER BEEN ARRESTED?		YES NO
HAVE YOU EVER BEEN EVICTED?		YES NO	HAVE YOU EVER BEEN EVICTED?		YES NO
SIGNATURE: _____			SIGNATURE: _____		
PHONE NUMBER _____			PHONE NUMBER _____		

**TENANT CHECK HOURS OF OPERATION:**  
 MONDAY - FRIDAY: 9:00 am - 5:30 pm  
 SATURDAY: 11:00 am - 4:00 pm  
 All orders received after 5:00 pm (3:30 Sat) will be processed 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.**  
 Credit reporting service providing credit reports for Realtors/Property Managers/Apartment Complexes/Mobile Home Parks/Condominium Associations/Employers

FEDERAL LAW REQUIRES THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE (5) YEARS