

CLOVERPLACE CONDOMINIUM ASSOCIATION, INC.

**Ameritech Property Management, Inc.
24701 US HWY 19 N, Ste. 102
Clearwater, Florida 33763
Phone (727) 726-8000 Fax (727) 723-1101**

Sale Application

This application must be submitted along with a non-refundable processing fee of \$25.00 (payable to **"Cloverplace Condominium Association"**) to the Board of Directors via Ameri-Tech Companies, Inc. at least 15 days prior to the sale of any unit. New owners may not move into Cloverplace Condominiums without prior written approval of the board of directors. A copy of applicant(s) driver's license must be attached to this application.

ALL INFORMATION MUST BE COMPLETED IN FULL TO VALIDATE APPLICATION.

Cloverplace Unit Address: _____ Closing Date: _____

Mailing/Residential Address (if different from above): _____

New Owner's Legal Name: _____ SS#: _____ DOB: _____

Phone #: _____ Work Phone #: _____ Email Address: _____

Employer: _____ Employer Ph #: _____ Years: _____ Annual Income: _____

Mortgage Company: _____ Mortgage Company Ph#: _____

Co-Owner's Legal Name: _____ SS#: _____ DOB: _____

Phone #: _____ Work Phone #: _____ Email Address: _____

Employer: _____ Employer Ph #: _____ Years: _____ Annual Income: _____

Please list other occupants of the unit below:

Name: _____ Relationship: _____ Age: _____

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Do you have a pet? If yes, what kind/breed? _____

AGGRESSIVE DOG BREEDS INCLUDING, BUT NOT LIMITED TO, WOLF HYBRIDS, ROTTWEILERS, AND PITT BULLS OR A MIXTURE OF THESE BREEDS, SHALL NOT BE KEPT ON THE CONDOMINIUM PROPERTY. A PHOTO OF ALL PETS MUST BE SUBMITTED ALONG WITH THIS APPLICATION FOR APPROVAL OF ALL LEASES OR TRANSFERS. ANIMALS OF ANY KIND MUST BE ON A LEASH AT ALL TIMES OUTSIDE OF OWNER'S UNIT.

Cloverplace Condominium Association, Inc. Sale Application (continued)

Number of vehicles owned or used by all occupants: _____ (please list complete information below)

Vehicle Year/Make/Model/Color: _____ Vehicle Plate#: _____

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PARKING OF COMMERCIAL VEHICLES IN CLOVERPLACE IS NOT PERMITTED WITH THE EXCEPTION OF TEMPORARY PICK UP, DELIVERY AND REPAIRS.

Residential History:

Present Address: _____ Years at address: _____

Landlord/Mortgage Company: _____ Phone #: _____

Previous Address: _____ Years at address: _____

Landlord/Mortgage Company: _____ Phone #: _____

Please list (3) credit references (Credit Cards, Auto Loans, Bank Accounts):

Account Name: _____ Account #: _____ Institution Ph #: _____

Account Name: _____ Account #: _____ Institution Ph #: _____

Account Name: _____ Account #: _____ Institution Ph #: _____

Emergency Contact:

Name/Relationship: _____ Phone #: _____

Address: _____

1. Have you even been convicted of a crime or entered a no contest plea or guilty plea to a crime which resulted in your classification as a sexual predator or a sexual offender or similar laws of this or any other state, territory or country? If Yes, explain: _____
2. Have you even been convicted or entered a guilty or no contest plea to any crime which has resulted in the requirement that you register with a government agency? If Yes, explain: _____

Official Use Only

Approved: _____ Denied: _____

Reviewed By : _____ Date: _____

Cloverplace Condominium Association, Inc. Sale Application (continued)

The undersigned unit owner(s) hereby certify that the above information is true and correct and understand that, if any information is found to be false, the unit owner(s) may be forced to sell the unit and will be required to move from the community. The unit owner (s) acknowledge receipt of the rules and regulations and governing documents of the association and agree to abide by these rules. The unit owner(s) agree that the condominium association or its agents may investigate the information contained on this application and the unit owner(s) authorize previous or present landlords and creditors to furnish information to that association or its agents. The unit owner(s) understand that Ameritech Property Management, Inc. will obtain a financial report from a reporting agency as well as a background check.

Witness _____

Signed: _____ Date: _____

Signed: _____ Date: _____

STATE OF FLORIDA

COUNTY OF PINELLAS

I HEREBY CERTIFY THAT on this day personally appeared before me the person(s) who's signature appears above, to me well known to be the person described in and who executed the foregoing, and acknowledged before that _____ executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have set my hand and affixed my seal at _____ said County and State, the _____ day of _____ 20____.

Notary Public

My Commission Expires: _____