

Strathmore Gate East at Lake St. George Homeowner's Association, Inc.
A Deed Restricted Community

Application for Lease

Lease Minimum of 7 Months

Note: *Application must be submitted 21 days prior to occupancy for Board approval*

A background check is required of all applicants

\$100.00 APPLICATION FEE

PLEASE PRINT CLEARLY

Property to be Leased: _____ Lease Date: From _____ To _____

Owner's Name: _____

Owner's Address: _____

Owner's Email Address: _____

Owner's Home Tele #: _____ Cell/Work Tele: _____

Personal Data of Lessee: Names:

(1) _____ Phone Contact No. _____

(2) _____ Phone Contact No. _____

Present Address: _____

Email Address: _____

Home Telephone: _____ Cell/Work: _____

Employment: NAME AND ADDRESS: _____

Other Adults To Live in Unit:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Children To Live in Unit:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

If you have previously resided at Strathmore Gate East, please list address:

Pet Information: (Pets require written Board approval. All rules are strictly enforced).

Type of Animal: _____ Breed: _____ Weight: _____
Type of Animal: _____ Breed: _____ Weight: _____

Vehicle Information:

Tag # _____ Make/Model _____ Year: _____
Tag # _____ Make/Model _____ Year: _____

(No boats, trailers, RVs, campers, motor homes, motorcycles or commercial vehicles are permitted on property overnight.)

Lease Data: There is a minimum written lease of seven months. The lease is to be written for the entire unit and not just a portion thereof.

Realtor: _____ Telephone: _____

Address: _____

A copy of the lease agreement is to be attached to this application.

Documents and Agreement (A background check is required of all applicants)

Lessee: I understand that Strathmore Gate East is a deed-restricted community and I agree to abide by its documents and Rules and Regulations.

Signature: _____

I have received ___ have not ___ received a copy of the Rules and Regulations of the community.

Completed Applications for Board Approval should be Sent to:

Angela Johnson, LCAM
Ameri-Tech Property Management, Inc.
24701 U.S. Highway 19 North, Suite 102
Clearwater, FL 33763
Telephone: (727) 726-8000 X 353 FAX: (727) 723-1101

Name and Address of Homeowner or Real Estate Agent to whom Approved Application is to be Mailed:

Homeowner/Agent: _____

Address: _____

Telephone: _____

Application Approved By: _____ Date: _____

Angela Johnson, LCAM, Acting as Agent for Strathmore Gate East HOA, Inc.

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: _____	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? (CIRCLE ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES <input type="checkbox"/> NO <input type="checkbox"/>
SIGNATURE: _____	SIGNATURE: _____
PHONE NUMBER: _____	PHONE NUMBER: _____

IMPORTANT

Please complete this form and return it to Ameri-Tech with your owner/tenant application. Applications received without this form will not be processed.

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

STRATHMORE GATE EAST HOMEOWNERS ASSOCIATION

ACKNOWLEDGEMENT OF ASSOCIATION DOCUMENTS

I acknowledge I have read and understand the documents of Strathmore Gate East Homeowners Association, including but not limited to the below.

1. Strathmore Gate East Declaration of Restrictions
2. Strathmore Gate East Rules and Regulations
3. Strathmore Gate East By-Laws
4. Strathmore Gate East Articles of Incorporation

I do hereby agree that I will abide by the rules and regulations in these documents. I understand that not abiding to the Rules and Regulations could result in a fine.

All unit occupants over the age of 18 sign below.

Signed: _____

Printed Name: _____

Signed: _____

Printed Name: _____

Signed: _____

Printed Name: _____

Signed: _____

Printed Name: _____

Date: _____

Unit Address: _____