

UNIT#: _____

Seville Condominium 4, Inc.

c/o Ameri-Tech Community Management, Inc. EQUAL HOUSING OPPORTUNITY
24701 US Hwy 19 N, Ste 102, Clearwater, FL 33763
P: (727) 726-8000 | F: (727) 723-1101

SALES/LEASE APPLICATION

Seville Condominium 4, Inc. is a 55+ community. All sales and rentals must provide for at least one permanent occupant fifty-five (55) years of age or older. No persons under thirty (30) years of age shall be permitted to be a permanent resident. One small pet per unit is permitted twenty (20) pounds at maturity with Board approval. Leasing is not permitted until you have owned the unit for two (2) years. No felons will be approved for sales or leases. Washers/dryers permitted with Board approval.

APPROVAL TO SELL OR LEASE AN APARTMENT: Prior to interview and approval must be obtained from the Seville Condominium 4, Inc. Board of Directors at least ten (10) days prior to occupancy or title transfer. A **\$100** non-refundable application fee must accompany this application along with a copy of each occupant's drivers' license (or photo ID). A **\$150** refundable damage deposit must be presented to the Association prior to moving in/out. Any damages will be deducted from said deposit. A valid Copy of homeowner's insurance must also be submitted with application.

PLEASE PRINT:

Interview Date: ____/____/____ Occupancy Date: ____/____/____

Unit #: ____ Carport #: ____ Maintenance Fee: \$ ____

(1) Applicant's Name: _____ Driver License/ID #: _____

(2) Applicant's Name: _____ Driver License/ID #: _____

(3) Applicant's Name: _____ Driver License/ID #: _____

(4) Applicant's Name: _____ Driver License/ID #: _____

Current address: _____

Number of years at this address: ____

Home #: (____) ____ - ____ Cell #: (____) ____ - ____ Work #: (____) ____ - ____

E-mail: _____ @ _____ Occupation: _____ # Autos: ____

Emergency Contact Name: _____ Relationship: _____

Home #: (____) ____ - ____ Cell #: (____) ____ - ____ Work #: (____) ____ - ____

Approximate # of months per year unit will be occupied: ____

Summer address if different from above: _____

Summer Home #: (____) ____ - ____ Summer Cell #: (____) ____ - ____ Summer Work #: (____) ____ - ____

Do you have any specific skills, i.e. medical? Yes or No If yes, please list: _____

LEASE AGREEMENT: (If applicable) **PLEASE ATTACH COPY OF LEASE**

Lease from ____/____/____ to ____/____/____ Minimum one (1) year, maximum three (3) years (renewable) rental. Maximum four (4) persons in residency for two (2) bedroom units and two (2) persons in residency for one (1) bedroom units (none under the age of 30). Lease will not be executed with Corporations, firms or partnerships. Business is not to be conducted on the premises. Listing agent name: _____

Office #: (____) ____ - ____ Fax #: (____) ____ - ____ Cell #: (____) ____ - ____

E-mail: _____

Seville Condominium 4, Inc.
c/o Ameri-Tech Community Management, Inc.
24701 US Hwy 19 N, Ste 102, Clearwater, FL 33763
P: (727) 726-8000 | F: (727) 723-1101
SALES/LEASE APPLICATION

SALES AGREEMENT:

Closing agent name: _____
Office #: (____) ____ - ____ Fax #: (____) ____ - ____ Cell #: (____) ____ - ____
E-mail: _____

PERSONAL REFERENCES: (Local if possible)

Name: _____ Address: _____ Phone #: (____) ____ - ____
Name: _____ Address: _____ Phone #: (____) ____ - ____

CREDIT REFERENCE:

Name: _____ Address: _____ Phone #: (____) ____ - ____

BANK REFERENCE:

Name: _____ Address: _____ Phone #: (____) ____ - ____

PLEASE NOTE: Your signature acknowledges that you have read Seville 4 's By-Laws, Declaration and Rules & Regulations and agree to abide by them. In addition, by signing this application you authorize Seville Condominium Association, Inc. to obtain a criminal/credit bureau report.

Applicant Signatures:

(1) _____ Date: ____/____/____

(2) _____ Date: ____/____/____

Current Owner Signatures:

(1) _____ Date: ____/____/____

(2) _____ Date: ____/____/____

Seville Condominium 4, Inc. Board Signatures:

(1) _____ Date: ____/____/____

(2) _____ Date: ____/____/____

(3) _____ Date: ____/____/____

(4) _____ Date: ____/____/____

(5) _____ Date: ____/____/____