

APPLICATION FOR APPROVAL OF PURCHASE OR LEASE OF A
CONDOMINIUM UNIT AT SEMINOLE SQUARE.

Apartment No. _____

Seller's Name _____

Address _____

Telephone No. _____

Buyer's Tenant's Name _____

Address _____

Telephone No. _____

Buyer's Intended Use _____

**Buyer must be at least 55 years of age to reside in Seminole Square.*

1. No pets are allowed in apartment.
2. Quiet hours 11:00 P.M. until 8:00 A.M
3. If buyer or renter has two automobiles, the second car shall be parked at the east wall of Building B. Cars must be insured, have current tags and in good working order.
4. Does the buyer intend to use the apartment as a permanent residence:
Yes No
5. If the answer is "No" to the above question, then describe the intended use: _____

-
6. Apartment shall not be rented for a period of less than six months, over a period of twelve months.
 7. **Please fill out the tenant information on page 5 and send to management with \$60.00 application fee.**

Please note that the Rules and Regulations and additions thereto, and the contract documents prohibit occupancy by persons under the age of sixteen (16) years for more than 14 days during the period of ninety (90) days. The minor guests may use the recreational facilities and the swimming pool under the supervision of the parents and/or the occupants of the apartment where the guests are visiting.

Buyers hereby acknowledge that they have read and examined the Declaration of the Condominium By-Laws, Rules and Regulations, and additions thereto, Lease Agreement, Lease Service Agreements and Management Agreements, and further agree to abide by each and every term and condition of same.

Attention is directed to the following: No pickup trucks, trucks, campers, RV campers, motor cycles, mopeds and the like shall park anywhere at Seminole Square.

(Seller) _____ (Buyer/Tenant) _____

Approved by Seminole Square Apartment Association

Disapproved

Board Member & Title

Board Member & Title

Date _____

*Age verification required by either Drivers License or Passport.

PERSONAL REFERENCES:

(1) Name: _____

Phone Number: _____

(2) Name: _____

Phone Number: _____

(3) Name: _____

Phone Number: _____

LIST OF PREVIOUS RESIDENCES, WITH CONTACT PERSONS AND PHONE NUMBERS FOR THE LAST FIVE YEARS:

(1) _____

(2) _____

(3) _____

QUESTIONS FOR NEW BUYERS:

1. Have you received Condominium Documents from previous owner?
2. Have you received Maintenance and Land Lease payment books from previous owner?
3. Did you receive a key to the mailbox?
4. Did you receive a key to the clubhouse and laundry room?
(Same key unlocks both.)

REMINDERS:

When moving into apartments, all boxes must be broken down and flattened before putting in our dumpsters. All trash must be put INTO dumpsters – garbage men will not pick up anything deposited outside the dumpsters.

When having repair or instillation work done (new carpeting, tile, plumbing, air conditioning repairs, etc.) in or to apartments, all trash is to be removed by repairmen or installers and not deposited in our dumpsters.

Owners are held responsible for payment covering any damage done to common elements by repairmen or installers hired by the owner.

ONCE SETTLED, PLEASE PROVIDE BOARD WITH:

1. Your new telephone number.
2. A telephone number for an emergency contact and a mandatory extra key to your apartment in case of an emergency.

PURCHASER/TENANT INFORMATION FORM

I / We _____,
prospective tenant(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 of this application. I / we understand that in 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

TENANT INFORMATION:

SINGLE ___ MARRIED ___
SOCIAL SECURITY #: _____
FULL NAME: _____
DATE OF BIRTH: _____
DRIVER LICENSE #: _____
CURRENT ADDRESS: _____
FOR HOW LONG? _____
LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____
FOR HOW LONG: _____
EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____
PHONE NUMBER: _____

SPOUSE / ROOMATE:

SINGLE ___ MARRIED ___
SOCIAL SECURITY #: _____
FULL NAME: _____
DATE OF BIRTH: _____
DRIVER LICENSE #: _____
CURRENT ADDRESS: _____
FOR HOW LONG? _____
LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____
FOR HOW LONG: _____
EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____
PHONE NUMBER: _____