

TROUBLE CREEK VILLAS HOA, INC.

LEASE APPLICATION

AMERI-TECH COMMUNITY MANAGEMENT PARTNERS, LLC

5434 GRAND BLVD., NEW PORT RICHEY, FL 34652

MAGDA HATKA, LCAM - mhatka@ameritechmail.com

727-726-8000 ext. 500

INSTRUCTIONS:

1. If applicant(s) are not legally related, a separate application must be submitted for each occupant.
2. Print legibly for all information. Account and telephone numbers are required.
3. If any questions are left blank, this application will be denied.
4. Only the applicant may sign the forms.
5. Any misrepresentation or falsification will result in a denial of the application.

APPLICATION FOR OCCUPANY APPROVAL

Lease - How Long

Unit # _____ Address of Unit: _____

Date of Application _____ Planned Date of Occupancy: _____

Name: _____ Birth Date _____ SS# _____

Spouse: _____ Birth Date _____ SS# _____

Single: _____ Married: _____ Widow(er): _____ Separated: _____ Divorced: _____ Maiden Name: _____

of people who will occupy the unit: _____ Adults (18 and over): _____ Children: _____

Names and ages of children who will occupy unit: _____

Description of Pets (Breed, Size, Weight, etc.): _____

In case of emergency notify?: _____

Date: _____

AUTHORIZE BACKGROUND CHECK:

Signature: _____

Print: _____

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 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 has made an inquiry. I/ we cannot claim any violation 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 _____
<u>SOCIAL SECURITY #:</u> _____	<u>SOCIAL SECURITY #:</u> _____
<u>FULL NAME:</u> _____	<u>FULL NAME:</u> _____
<u>DATE OF BIRTH:</u> _____	<u>DATE OF BIRTH:</u> _____
<u>DRIVER LICENSE#:</u> _____	<u>DRIVER LICENSE#:</u> _____
<u>CURRENT ADDRESS:</u> _____ _____	<u>CURRENT ADDRESS:</u> _____ _____
<u>HOW LONG?</u> _____	<u>HOW LONG?</u> _____
<u>LANDLORD & PHONE:</u> _____ _____	<u>LANDLORD & PHONE:</u> _____ _____
<u>PREVIOUS ADDRESS:</u> _____ _____	<u>PREVIOUS ADDRESS:</u> _____ _____
<u>HOW LONG?</u> _____	<u>HOW LONG?</u> _____
<u>EMPLOYER:</u> _____	<u>EMPLOYER:</u> _____
<u>OCCUPATION:</u> _____	<u>OCCUPATION:</u> _____
<u>GROSS MONTHLY INCOME:</u> _____	<u>GROSS MONTHLY INCOME:</u> _____
<u>LENGTH OF EMPLOYMENT:</u> _____	<u>LENGTH OF EMPLOYMENT:</u> _____
<u>WORK PHONE NUMBER:</u> _____	<u>WORK PHONE NUMBER:</u> _____
HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO	HAVE YOU EVER BEEN ARRESTED? (CIRCLE ONE) YES NO
HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO	HAVE YOU EVER BEEN EVICTED? (CIRCLE ONE) YES NO
SIGNATURE: _____	
SIGNATURE: _____	
<u>PHONE NUMBER:</u> _____	<u>PHONE NUMBER:</u> _____

TENANT CHECK HOURS OF OPERATION:
 MONDAY - FRIDAY: 9:00 a.m. - 5:30 p.m.

SATURDAY : 11:00 a.m. - 4:00p.m.

ALL ORDERS RECEIVED AFTER 5:00 p.m. (10V... on S-1) WILL BE PROCESSED THE 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.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR
 REALTORS/ PROPERTY MANAGERS/ APARTMENT COMPLEXES/
 MOBILE HOME PARKS/ CONDOMINIUM ASSOCIATIONS / EMPLOYERS