

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 OCCUPANCY 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 invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

PLEASE PRINT CLEARLY**INFORMATION:****SPOUSE / ROOMMATE:**

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 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:** _____

PHONE NUMBER: _____

PHONE NUMBER: _____

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. (1:10p.m. on SATURDAY) 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