EAST LAKE WOODLANDS CONDO ASSOCIATION 4

c/o Ameri-Tech Community Management, Inc. 24701 US Hwy 19 N, Clearwater, FL 33763 Phone: (727) 726-8000 | Fax: (727) 723-1101

Sales/Lease Application

☐ LEASE

submitted prior to final approval of application.

NO PETS OVER 40 LBS, TWO (2) DOG MAXIMUM.

☐ SALE

This application must be submitted along with a non-refundable processing fee of \$150 (payable to *East Lake Woodlands Condominium Association #4*) to the Board of Directors via Ameri-Tech Community Management, Inc. at least fifteen (15) days prior to the lease of any unit.

New occupants may not move into unit without prior written approval of the Board of Directors. A copy of applicant(s) driver's license must be attached to this application.

ALL INFORMATION MUST BE COMPLETED IN FULL TO VALIDATE APPLICATION.

Proposed Move-In Date:/	/20				
Unit Address: Owner's Name:					
Owner's Address:					
Owner's Home #: ()	Owner's Cell #: ()				
Applicant's Legal Name:	DOB: _	/			
Applicant's Phone #: ()	Applicant's Work #: ()				
Employer:	Phone #: ()	-			
Co-applicant's Legal Name:	DOB: _				
Co-applicant's Phone #: ()	Co-applicant's Work #: ()	·			
Employer:	Phone #: ()	-			
Please list other occupants of the unit	below:				
Name:	Relationship:	Age:			
Name:	Relationship:	Age:			
Do you have a pet? ☐ Yes ☐ No If	yes, what kind/breed?				
A health certificate indicating rabies she	ots are current and license number of do	ng is required to be			

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AGGRESSIVE DOG BREEDS INCLUDING, BUT NOT LIMITED TO, WOFL HYBRIDS, ROTTWEILERS AND PIT BULLS OR A MIXTURE OF THESE BREEDS SHALL NOT BE KEPT ON THE CONDOMINIUM PROPERTY. A PHOTO OF ALL PETS MUST BE SUBMITTED ALONG WITH THIS APPLICATION FOR APPROVAL OF ALL LEASES OR TRANSFERS. ANIMALS OF ANY KIND MUST BE ON A LEASH AT ALL TIMES OUTSIDE OF OWNER'S UNIT.

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Number of vehicles owner	or used by all oc	cupants:			
Vehicle Year: Mak	e:	Model:	PLATE# _		
Vehicle Year: Mak	e: N	lodel:	PLATE #		
PARKING OF COMMERO TEMPORARY PICK UP, CURRENT REGISTRATIO	DELVIERY AI	ND REPAIRS.	ALL VEHICLE	S MUS	T MAINTAIN
Residential History:					
Current Address:					
Years at this address:					
Landlord:			Phone #: (_)	
Emergency Contact:					
Name:			_Relationship: _		
Address:					
Phone #: ()					
The undersigned applican understand that, if any information the community. The and agree to abide by thes investigate the information present landlord and crecapplicant(s) understand the report from a reporting age	ormation is found applicant(s) ackrose rules. The applicantained on this litors to furnish at Ameri-Tech (I to be false, the nowledge the Relicant(s) agree is application and information to community Mar	e applicant(s) mules & Regulation that the Associated the applicant(the Association agement, Inc. r	nay be foons of the tion or it's) authored or it's	rced to move e Association s agents may ize previous r agent(s). The
A COPY OF THE SIGNED THIS APPLICATION TO E		ACCOMPANY	THIS APPLICA	TION IN	ORDER FOR
Applicant Signature:			Date:		
Applicant Signature:			Date:		
BOARD MEMBER ONLY					
☐ Approved ☐ Denied					
Reviewed by:			Date:	/	1

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