

SEVILLE CONDOMINIUM 12, INC.

APPLICATION FOR PURCHASE OR LEASE OF CONDOMINIUM

NOTE: A \$100.00 NON-REFUNDABLE FEE AND COPY OF SALES CONTRACT OR LEASE MUST ACCOMPANY THIS APPLICATION PRIOR TO ITS CONSIDERATION FOR APPROVAL.

This application is for: **SALE** **LEASE**

Unit _____, 2699 Seville Boulevard,
Clearwater, FL 33764

Carport No: _____

Name of current owner(s): _____

Mailing address of current owner(s): _____

PERSONAL DATA OR PURCHASER(S)- LESSEE(S): Separate application and fee is required for other than spouse or bona fide dependant.

1. NAME: _____ BIRTH DATE: _____ RES. PHONE: _____

2. NAME: _____ BIRTH DATE: _____ RES. PHONE: _____

DRIVER'S LICENSE NO: _____ VEHICLE #1: _____

DRIVER'S LICENSE NO: _____ VEHICLE# 2: _____

SOCIAL SECURITY# _____

PURCHASER(S) OR LESSEE(S):

CURRENT ADDRESS: _____ .HOW LONG: _____

CHILDREN: (Name & Age) _____

PET(S)NO: _____ .BREED: _____ WEIGHT: _____ HEIGHT: _____

PURCHASER(S):

MORTGAGEE: _____ PHONE: _____

BANK NAME: _____ .ACCOUNT NO. : _____

BANK NAME: _____ ACCOUNT NO.: _____

LESSEE(S): LANDLORD'S ADDRESS/PHONE: _____

PURCHASER(S) OR LESSEE(S) (If retired, employment prior to retirement)

1. CURRENT EMPLOYER: _____ PHONE: _____

OCCUPATION: _____ HOW LONG: _____

FORMER EMPLOYER: _____ PHONE: _____

2. OCCUPATION: _____ HOWLONG: _____

ANY OTHER PERSON(S) THAT WILL OCCUPY UNIT FOR MORE THAN ONE WEEK DURING A YEAR'S PERIOD:

HAVE YOU EVER BEEN EVICTED? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____

HAVE YOU EVER BEEN IN LITIGATION WITH LANDLORD OR CONDOMINIUM ASSOCIATION? _____

IF YES, TO ANY OF THE ABOVE THREE(3) QUESTIONS, YOU MUST PROVIDE DETAILS AS TO DATE, LOCATION AND OTHER PERTINENT INFORMATION _____

NAME OF REAL ESTATE AGENT OR PERSON HANDLING TRANSACTION:

ADDRESS/PHONE: _____

**SALES/LEASE APPROVAL APPLICATION
SEVILLE CONDOMINIUM 12, INC.**

PURCHASER(S) ONLY: Purchaser(s) understands that he/they will automatically become a member of the condominium association and that all duly enacted assessments of the association are due and payable as enacted and if unpaid, are subject to a lien upon the unit (Initials)

PURCHASER(S) & LESSEE(S) AUTHORIZE THE ASSOCIATION OR MANAGING AGENT TO SECURE CREDIT AND ANY OTHER INFORMATION DEEMED NECESSARY IN APPROVING THIS APPLICATION (Initials)

PURCHASER(S) HAS/HAVE RECEIVED THE FOLLOWING: DECLARATION: ___ BY-LAWS: ___ ARTICLES OF INCORPORATION: ___ MANAGEMENT CONTRACT: RECREATION LEASE: ___ LONG TERM (GROUND) LEASE: ___ Q&A ___

CURRENT BUDGET: ___ END OF PREVIOUS YEAR FINANCIAL REPORT: ___

PURCHASER(S) HAS/HAVE READ THE ABOVE STATED DOCUMENTS AND AFFIRM THAT S/HE/THEY WILL ABIDE BY ALL CONDITIONS AND TERMS OF SAID DOCUMENTS AS NOW ENACTED OR MAY BE DULY ENACTED IN THE FUTURE: (INITIALS)

LESSEE(S) HAVE RECEIVED AND READ THE RULES AND REGULATIONS AND AFFIRM THAT HE/SHE/THEY WILL ABIDE BY ALL CONDITIONS AND TERMS OF SAID RULES AND REGULATIONS AS NOW ENACTED OR MAY BE DULY ENACTED IN THE FUTURE. (Initial)

**PROPOSED MOVE IN DATE: _____
IF LEASE, EXPIRATION DATE: _____**

APPLICANTS SIGNATURE(S):

(X) _____ DATE _____ WITNESS _____

(X) _____ DATE _____ WITNESS _____

IN ORDER FOR THIS APPLICATION TO BE CONSIDERED IT MUST BE COMPLETED AND ACCOMPANIED BY THE APPLICATION FEE WITH A COPY OF THE SALES CONTRACT AND/OR LEASE AS APPROPRIATE.

DELIVER OR MAIL APPLICATION WITH EXHIBITS TO:

**SEVILLE CONDOMINIUM 12, INC.
C/O AMERITECH COMMUNITY MANAGEMENT
24701 US HWY 19 N. SUITE 102
CLEARWATER, FL 33763 727-726-8000**

APPROVED _____ DISAPPROVED _____ (Place X in appropriate blank)

PRINT NAME/SIGNATURE

TITLE

DATE

PRINT NAME/SIGNATURE

TITLE

DATE

PRINT NAME/SIGNATURE

TITLE

DATE

PRINT NAME/SIGNATURE

TITLE

DATE

SEVILLE BLDG 12

Dated _____

VEHICLE REGISTRATION

NAME _____

UNIT# - - - - -

CELL/PHONE _____
CARPORT SPACE _____

YR/MAKE _____

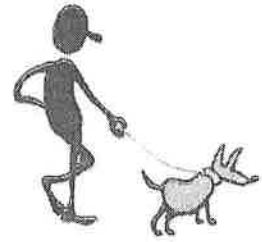
MODEL/COLOR _____

LICENSE PLATE # _____

EXPIRES _____

Thank you for your cooperation

**SEVILLE CONDOMINIUM BUILDING 12,
INC. 2699 SEVILLE BOULEVARD
CLEARWATER, FL. 33764**



Dog Registration

Apartment Owner Name: _____

Apartment Number: _____

Phone Number: _____

Mobile Number: _____

Dog Name: _____

Dog Age: _____

Date of Arrival of Dog to Apartment: _____

Dog Breed / Sex: _____

Color/Pattern/Weight: _____

Spay or Neuter: _____

Rabies Tag Number: _____

Rabies Tag Expiration: _____

Special Needs of Dog (blind/deaf etc): _____

This is to certify that the above information is correct and current.

Printed Name: _____

Signature: _____

Date: _____

SEVILLE CONDOMINIUM 12, INC.

REQUEST FOR ELEVATOR PADS

REQUESTED FOR THE PURPOSE OF:

MOVE-IN: _____

MOVE-OUT: _____

DELIVERY: _____

TODAY'S DATE: _____

NAME: _____

PHONE: _____

UNIT: _____

REQUESTED DATE FOR MOVE-IN/MOVE-OUT/DELIVERIES:

PLEASE COMPLETE AND RETURN TO:

CHRIS CRERAR, PRESIDENT

UNIT 803

THANK YOU FOR YOUR COOPERATION