Skye Loch Villas Assn. Inc.
c/o Ameri-Tech Community Management Partners, LLC.
24701 US Highway 19 N, Suite 102
Clearwater, FL 33763
Phone (727) 726-8000 Fax (727) 723-1101

NOTICE OF INTENT TO SELL

DATE: _____

NAME: _____ UNIT: _____

ADDRESS: _____

This completed Resale and Transfer Agreement, a completed background check form a fully executed copy of the related sales contract must be accompanied by a nonrefundable check in the amount of **$100.00** made payable to the Association named above and returned to the Association's Board of Directors c/o Amen-Tech Community Management Partners, LLC.

This section to be completed by Seller

In compliance with the Declaration of Covenants and Restrictions of the Association named above, I (we) hereby serve notice that the owner(s) or Agent of the above referenced unit, I (we) Intend to offer said unit for sale in accordance with the attached Contract for Sale.

Unless I am notified to the contrary within 7 business days from the receipt of this completed notice and attachment, I will advise Purchaser that the proposed sale has been approved.

_____ _____

Owner/Agent Signature Owner/Agent Signature

_____ _____

Printed Name Printed Name

Phone # _____ Cell # _____

Fax#, Email or Mailing Address for Response _____

_____

SELLER(S) certifies that the Purchaser(s) has furnished the following: A) Set of Governing Documents for the Association with all changed and addenda thereto. B) Agree to pay Any delinquent Special Assessments, maintenance fees. or any other outstanding balance prior to closing. C) (If Applicable) Any keys, gate passes (or similar) to such areas as recreational facilities, mailbox(es), etc. D) (If Applicable) Seller(s) agree that any conditional architectural changes will be restored (or removed) to their original state unless the purchaser(s) noted on this application accepts responsibility for these changes (example: potted plants, installed patios, personal plants/landscaping not maintained by the Association, handrails, ramps).

This section to be completed by Purchaser. The Board will NOT accept partially completed forms

I (We) Intend to purchase unit #/address _____

I (We) am aware that any falsification or misrepresentation of (the Information contained herein will result in an automatic rejection of this application.

I (We) acknowledge and understand that the property offered Is governed by Deed Restrictions and Rules and Regulations. which are applicable to both the Unit and Common Property, and which may be amended from time to time by the Association named above. I (We) agree to abide by such Deed Restrictions and Rules and Regulations to Include no pets (Ex. Dogs) to Include submission of a completed Census Form with documentation.
I (We) am purchasing this property with the Intention to: (check one)

( ) 1. Reside as Owner on full time basis ( ) 2. Reside as Owner on a part time basis ( ) 3. Lease the property

Purchaser (1): _____ Phone#: _____

Occupation: _____ How Long: _____

Employer: _____ Phone #: _____

Purchaser (2): _____ Phone#: _____

Occupation: _____ How Long: _____

Employer: _____ Phone #: _____

Purchaser Current Address: _____

_____

Name of Present Landlord or Mortgage Company: _____

Phone #: _____

Units are for Single Family residence only. The following person(s), in addition to purchaser(s) will occupy the unit:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

The following Pet(s) will occupy the Unit:

Type:_____ Weight: _____ Type:_____ Weight: _____

List Two (2) Personal References (local if possible)

Name:_____ Address : _____ Phone:_____

Name:_____ Address : _____ Phone:_____

Bank References:

Branch Name/Address: _____ Phone: _____

Branch Name/Address: _____ Phone: _____

Automobile / Vehicle Information:

Make: _____ Model: _____ Year: _____ Tag: _____

Make: _____ Model: _____ Year: _____ Tag: _____

Person to be contacted in case of an emergency:

Name: _____ Address: _____ Phone: _____

Closing Information: **Date of Closing:** _____

Name of Closing Agent: _____ Phone: _____

Name of Real Estate Agent: _____ Phone: _____

Dated this _____ Day of _____ 20_____

Signed: _____
Purchaser

Signed: _____
Purchaser

PURCHASER(S) acknowledge: A) Receipt of Governing Documents and agreement to abide by such Deed Restrictions and Rules and Regulations B) Agree to pay any delinquent special assessments, maintenance fees, or any other outstanding balance if sale Is closed with any outstanding balances. C) (If Applicable) Receipt of any keys, gate passes (or similar). D) Accepts responsibility for any **conditional** architectural changes as noted in the last paragraph of the "Section to be completed by the Seller."

Fax #: _____ Email: _____ or

Mailing Address for Response: _____

_____

This section is for the Association use only

Processing Fee Received $_____ Check # _____

Approved Date: _____ Disapproved Date: _____

By: _____ Title: _____

Comments by the Board of Directors: _____

_____

_____

DATE _____ CUSTOMER NUMBER _____

TENANT INFORMATION FORM

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

TENANT INFORMATION:

SINGLE_____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

_____

PREVIOUS ADDRESS: _____

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 / ROOMMATE:

SINGLE_____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____

_____

PREVIOUS ADDRESS: _____

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: _____

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. (3:30 p.m. on Sat.)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

FEDERAL LAW REQUIRES THE END USER TO MAINTAIN THIS FORM FOR A PERIOD OF FIVE YEARS (tenant check application rev. 08/2008)