

Skye Loch Villas Assn. Inc.  
 c/o Ameri-Tech Community Management, Inc.  
 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 and 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/ Ameri-Tech Management.

**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 Signature _____
Printed Name _____	Printed Name _____
Phone # _____	Cell # _____
Fax#, Email or Mailing Address for Response _____	

SELLER(S) certify that the Purchaser(s) has been 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 accept responsibility for these changes (examples: potted plants, installed patios, personal plants / landscaping not maintained by the Association, hand rails, 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 _____	How Long: _____

Name of Present Landlord or Mortgage Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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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:

Name of Closing Agent: \_\_\_\_\_ Date of Closing: \_\_\_\_\_  
Name of Real Estate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ Phone : \_\_\_\_\_

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 for the Association use only**

Processing Fee Received \$ \_\_\_\_\_ Check # \_\_\_\_\_

Approved Date: \_\_\_\_\_ Disapproved Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Comments by the Board of Directors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CUSTOMER NUMBER 2325 - AMERI-TECH

PROPERTY / ASSOCIATION - \_\_\_\_\_

### 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**

<u>INFORMATION:</u>		<u>SPOUSE / ROOMMATE:</u>	
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: _____	

**IMPORTANT**  
**Please complete this form and return it to Ameri-Tech with your owner/tenant application. Applications received without this form will not be processed.**

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