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

# NOTICE OF INTENT TO LEASE

DATE:	
NAME;	UNIT:
ADDRESS:	
This completed Rental Application and a fully executed copy of amount of \$100,00 made payable to the Association named ab Management.	the related lease must be accompanied by a nonrefundable check in the over and returned to the Association's Board of Directors, c/o Ameri-Tech
This section	n to be completed by Seller
In compliance with the Declaration of Covenants and Restrict owner(s) or Agent of the above referenced unit, I (we) intend to	ions of the Association named above, I (we) hereby serve notice that the to offer said unit for rent in accordance with the attached Contract for Lease.
Unless I am notified to the contrary within 7 business days fro that the proposed sale has been approved.	m the receipt of this completed notice and attachment, I will advise Purchase
Owner/Agent Signature	Owner Signature
Printed Name	Printed Name
Phone #	Cell #
Fax#, Email or Mailing Address for Response	
changed and addenda thereto. B) (If Applicable) Any keys, ga etc.	following: A) Set of Governing Documents for the Association with all te passes (or similar) to such areas as recreational facilities, mailbox(es),
(We) intend to lease unit # / address	. The Board will NOT accept partially completed forms
application. I (We) acknowledge and understand that the property offered I applicable to both the Unit and Common Property, and which r	
Leasee(1):	Phone #:
Occupation:	How Long:
Employer:	Phone #:
_easee (2):	Phone #:
Decupation:	How Long:
Employer:	Phone #
easee Current Address	How Long'

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Name:	Units are for Single Fa	amily residence only. The following pe	erson(s), in addition to leasee(s) will oc Relationship:	n addition to leasee(s) will occupy the Unit:Relationship:		
The following Pet(s) will occupy the Unit:  Type:						
Type:	The following Pet(s) w	III occupy the Unit:				
Name:Address:Phone:	Type:	etWeight at maturity:				
Name:Address:Phone;	List Two (2) Personal	References (local if possible)				
Make:Model:Year:Tag:	Name:	Address	s:	Phone: Phone;		
Make:Model:Year:Tag:	Automobile / Vehicle li	nformation;				
Make:Model:Year:Tag:	Make:	Model:	Year:	Tag:		
LEASEE(S) acknowledge: A) Receipt of Governing Documents and agreement to abide by such Deed Restrictions and Rules and Regulations. B) (If Applicable) Receipt of any keys, gate passes (or similar).  Fax #, Email or Mailing Address for Response:  This section for the Association use only  Processing Fee Received \$	Person to be contacted Name:	f in case of an emergency: Address:		Phone:		
This section for the Association use only  Processing Fee Received \$ Check #  approved Date: Disapproved Date:  Title:	regulations. b) (If Ap	Address for Response:	asses (or similar).			
Processing Fee Received \$ Check #  approved Date: Disapproved Date:  by: Title:		A II				
pproved Date:	Processing Fee Receiv		•			
y:Title:						
controlled by the doubt of Offectors;						

#### CUSTOMER NUMBER 2325 - AMERI-TECH

	PROPERTY / ASSOCIATION -
BACKGROUND INFORMA	ATION 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 inque to obtain information for use in processing of this application. 1/ we understand the cannot claim any invasion of privacy or any other claim that may arise	ire into my / our credit file, criminal, and rental history as well as any other personal record, tand that on my / our credit file it will appear the TENANT CHECK has made an inquiry.

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.	
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