

RIDGE GROVES CONDOMINIUM ASSOCIATION

13250 RIDGE ROAD

LARGO, FL 33778

APPROVAL OF LEASE

Note: A unit shall not be leased or rented without the prior written approval of the Association. No lease shall be for less than a 30-day period and no unit may be leased or rented more than two (2) times a year.

Please return the completed application along with the following:

- 1) \$50.00 Application Fee payable to Ridge Groves;
- 2) \$50.00 Processing Fee payable to Ameri-Tech Community Management
- 3) Mail to: Ameri-Tech Community Management
24701 US Hwy 19 North, Suite 102
Clearwater, FL 33763
- 4) Move-In/Move-out Deposit Fee in the amount of \$250.00 *(a separate check)* payable to Ridge Groves needs to be provided to the Board at the time of the interview. This check will be returned after an inspection of common areas if no damage has been done.

INTERVIEW DATE: _____

NAME OF UNIT OWNER: _____ UNIT #: _____

NAME(S) OF APPLICANT(S): _____

Is prospective tenant a service member as defined in s. 250.01, Florida Statutes?

Yes ____ No ____

ADDRESS:

CHILDREN: _____ AGES: _____

PET: _____ WEIGHT: _____

LEASE TERM (DATES): From: _____ To: _____

I/WE RECEIVED A COPY OF THE RULES AND REGULATIONS: _____

UNIT OWNER/LESSOR

UNIT OWNER/LESSOR

APPLICANT/LESSEE

APPLICANT/LESSEE

APPROVED: _____

DISAPPROVED: _____

DIRECTOR TITLE DATE

DIRECTOR TITLE DATE

PLEASE RETURN THIS TO MANAGEMENT FOR OUR RECORDS.

CRIME WATCH ROSTER- RIDGE GROVES CONDOMINIUM BLDG. _____

UNIT: _____ OCCUPANT NAMES: _____

OWNER: _____ ADDRESS: _____

OCCUPANT PHONE: _____ OWNER PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

By providing my email address, I hereby authorize the management company and Board of Directors to send me Association related business via email.

PETS _____ NAMES: _____

(ONLY TWO (2) ALLOWED AND UNDER 20 LBS.)

NO. OF CARS: _____ MAKE AND LICENSE NO.: _____

MAKE AND LICENSE NO.: _____

(No more than two (2) per unit- but only one (1) per licensed driver allowed)

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____ PHONE: _____

***KEYS TO UNIT IN LOCK BOX AT OFFICE: _____

***mandatory according to Rule #3 of RG Rules and Regulations

The Rules and Regulations of Ridge Groves Condominium Association have been read to me and I will abide by them. I have also received a copy of same _____
_____(Date).

NOTES:

RIDGE GROVES CONDOMINIUM

PET REGISTRATION

Unit # _____ Bldg # _____

Owners Name: _____

I understand that as an owner within Ridge Groves Condominium, that I am permitted only two (2) pets and they must be under twenty (20) pounds.

Dog Name _____ BREED _____ Weight(at maturity) _____

Male _____ Female _____ Neutered/spayed _____ date rabies shot _____

Cat Name _____

Male _____ Neutered _____ Date Last rabies shot _____

Female _____ Spayed _____ Date last rabies shot _____

Attached is a copy of proof of vaccine from: _____
(Veterinarian Name)

I have read the rules pertaining to pets and agree to abide by all Rules and Regulations as set forth in the Association Governing Documents and the Association Rules & Regulations.

Signature of Owner

Date

Attach dated photo(s) and proof of pet vaccinations

DATE _____

CUSTOMER NUMBER 2325 -- AMERI-TECH

TENANT INFORMATION FORM

I / We _____, prospective tenant(s) / buyer(s) for the property located at _____,

Managed By: _____ Owned By: _____,

Hereby allow TENANT CHECK LLC 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 LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC 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 3:00 p.m. (2:00 p.m. on Sat.) WILL BE PROCESSED THE NEXT BUSINESS DAY

email@tenantcheckllc.com

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