

Meadowlake Palm Harbor Condominium Association, Inc.
c/o SunCoast Property Services
P.O. Box 1624
Palm Harbor, FL 34682
Phone: 727-773-2125
Fax: 727-773-2107

REQUEST FOR APPROVAL OF OWNERSHIP TRANSFER AND/OR LEASE OF UNIT

Date: _____ Rental Application _____ Sales Application _____

From: _____ Phone# _____
Seller/Landlord

Unit Address _____

Closing Date: _____ Occupancy Date-rental from _____ to _____

Is this unit to be leased? _____ Yes _____ No If the unit is leased, owner agrees to provide the Board of Directors with the application for lease and a copy of lease prior to rental occupancy. If unit is not leased, will owner live in unit? _____ Part-time or _____ Full Time

Applicant name: _____ Date of Birth: _____ SSN# _____

Co-applicant name: _____ Date of Birth: _____ SSN# _____
(If other persons will occupy this unit, please attach a separate sheet as an addendum)

Present Address: _____ Phone# _____

E-mail address: _____ Cell# _____

Mailing address after closing of sale: _____

Employed by: _____ Employer Phone# _____

Personal reference: _____ Phone# _____

Bank Facilities: _____

Auto Make: _____ Auto Model: _____ Auto year: _____ State/Tag#: _____

Auto Make: _____ Auto Model: _____ Auto year: _____ State/Tag#: _____

Pets (If allowed) type: _____ Pet's weight: _____

Real Estate Agent: _____ Title Company: _____ Phone# _____

Where to send approved application _____

Applicant acknowledges that all statements and representations are true and complete, and hereby, authorizes verification of the above information, references and credit records. You can expect and hereby authorize that we will (1) check your credit report, (2) check for any past evictions, (3) verify your employment, (4) verify that you have income or assets, (5) verify your previous landlord and references, and (6) perform a criminal background screening. Self-employed applicants may be required to produce upon request two (2) years of signed tax returns or IRS 1099 forms.

Processing an application normally takes between 1-3 business days. You will be notified immediately for an interview appointment after the background screening is completed.

ALLOW 10 DAYS AFTER COMPLETION TO RECEIVE APPROVAL.

THE COST OF BACKGROUND CHECK AND INTERVIEW APPROVAL WILL BE \$75.00 in advance and is non-refundable.

For non-married or roommate applications the background check will apply to each occupant and add a \$25.00 cost for each person, also non-refundable. If convicted of a felony within the past seven (7) years, will be a cause of rejection.

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PURCHASER(S): states that he/she has received a copy of all Association Documents including the Declaration of Condominium, Articles of Incorporation, ByLaws and Rules and Regulations, and has read, understood and agrees by all the conditions and terms herein and all reasonable rules and regulations enacted hereafter officially by the Association. This Approval is subject to al financial obligations to the Association including, but not limited to, maintenance fees, late charges, special assessments, legal fees and application fees having been paid in full or will be paid by closing agent at the time of closing of this sale.

TENANT(S): states that he/she has received a copy of the Rules and Regulations and has read and understood and agrees to abide by all the conditions and terms herein and all reasonable rules and regulations enacted hereafter by the Association. This approval is subject to all financial obligations of the owner of the unit to the Association including, but not limited to, maintenances fees, late charges, special assessment, legal fees and application fees having been paid in full prior to tenant moving into his/her unit.

I understood that the Board of Directors or their agent of the Association may caused to be instituted an investigation of my background, which could include a credit check and a criminal record check. Accordingly, I authorize the Board of Directors or their agent to make such investigations and I agree that the information contained i9n this application may be used in such investigation and that the Board of Directors or theirt agent shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors or tyheirt agent. I agree to be governed by the determination of the Board of Directors or their agent.

 SELLER OR LANDLORD

 PURCHASER OR TENANT

 SOCIAL SECURITY #

 SELLER OR LANDLORD

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-----APPROVAL OF PURCHASER OR TENANT-----

The Board of Directors or their agent of Meadowlake Palm Harbor Condominium Association has approved the

_____ of unit at _____ Unit # _____
 PURCHASE OR LEASE

And do herby confirm the sane by this document,

 PORESIDENT, SECRETARY, OR AUTHORIZED AGENT

MEADOWLAKE PALM HARBOR CONDO

CALL FOR AN INTERVIEW

10 DAYS IN ADVANCE

SUNCOAST PROPERTY SERVICES

727-773-2125

ACCEPTANCE OF RULES AND REGULATIONS.

I, _____, covenant and agree that I, the members
(print name here)
of my family and my guest will, during occupancy of _____
will comply with the rules and regulations of Meadowlake Palm Harbor Condominium Association, Inc., as
reviewed by me during this interview.

ACCEPTANCE SIGNATURE: _____ DATE: _____

ACCEPTANCE SIGNATURE: _____ DATE: _____

MANAGEMENT AGENT: _____ DATE: _____

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CAR REGISTRATION FORM

Name of person(s) occupying the unit : _____

Address of your unit : 2690 Coral Landings Blvd Unit # _____ Palm Harbor, Fl. 34684

Phone # of Owner: _____

Vehicle Information:

Make _____ Model _____ Color _____ Tag # _____

Make _____ Model _____ Color _____ Tag # _____

Make _____ Model _____ Color _____ Tag# _____

Please be advised, any vehicle on the property for more than 5 consecutive days must be registered with the management office. Any **UNREGISTERED** vehicles will be towed, and the expense will be at the sole cost to the owner of the vehicle.

We require a valid and current photo ID (driver's license, passport, military ID)