

All potential new unit owners must submit a completed "Application to Purchase" ("Application") to be received at least twenty (20) days in advance of the closing date to the Pine Rush Villas Management Company listed below for their review and approval/rejection at:

**Ameri-Tech Community Management, Inc.**  
c/o Jenny Kidd, LCAM  
24701 US Highway 19 N, Suite 102  
Clearwater, FL 33763  
Phone: (727) 726-8000 ext. 247 | Fax: (727) 723-1101  
E-mail: [jkidd@ameritechmail.com](mailto:jkidd@ameritechmail.com)

Please be advised that the review process will not start until the original Application and the fee are received. The blank Application can be obtained from the Association Property Manager. The Association Property Manager will be the liaison for the Board of Directors during the unit purchase review process. All inquiries regarding the Application process are to be directed to the Association Property Manager and not to any Board member.

**The following items must accompany the completed "Application Purchase."** If the following items are not submitted along with the Application or the Application is not fully completed, the review process will not start until all items are complete and received. After all below items are received the application review will start and can take up to 20 days.

1. A check or money order made payable to "Pine Rush Villas Condominiums Inc." for **\$100 Application fee per person over the age of 18 or married couple (non-refundable)**.
2. Copy (legible) of the fully executed Sales Contract.
3. Copy (legible) of financing proof.
4. Copy (legible) of each applicant's valid driver license or state issued ID.
5. National Criminal Background Form (attached).

**Per the Declaration of Condominium Ownership, the Board has twenty (20) calendar days after receipt of the required items for the review process and a decision to be issued. Please be advised that the Application may NOT necessarily be approved by the Board of Directors.**

**The Unit Owner and the Applicant, are responsible for the proper completion and submittal of the "Application for Purchase" and the other required items.**

- **A face-to-face interview with all Applicants by a Board member is also required.** Upon receipt of the completed Application, the Applicant(s) will be contacted directly to arrange the interview. Every effort must be made by the Applicant(s) and will be made by the Association to be available in the evenings or on a weekend to complete the interview within the twenty (20) days allotted for the Board review process. The Board of Directors, Association Manager and/or the Association will not be held liable for any or all delay in the review process caused by seeking complete information on the Application, the inability to reach Applicant(s) to arrange the interview, Applicant(s) not being cooperative with the scheduling of the interview or any other factor out of their/its control.

**ALL APPLICANTS OVER 18 WILL HAVE A NATIONAL CRIMINAL BACKGROUND CHECK PERFORMED.**

# PINE RUSH VILLAS CONDOMINIUMS INC.

## APPLICATION TO PURCHASE

**Note: Application must be submitted 20 days prior to occupancy for Board approval  
A background check is required for all applicants**

**\$100.00 APPLICATION FEE**

**PLEASE PRINT CLEARLY**

Property to be Purchased: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Current Owner: \_\_\_\_\_ Home Tele #: \_\_\_\_\_

Current Owner's Address if different: \_\_\_\_\_

Cell Tele #: \_\_\_\_\_ Work Tele #: \_\_\_\_\_

**Each new buyer must complete a face-to-face interview by a member of the Board of Directors.**

### **Personal Data of Purchaser(s) Name(s):**

(1) \_\_\_\_\_ Phone Contact #: \_\_\_\_\_

(2) \_\_\_\_\_ Phone Contact #: \_\_\_\_\_

Present Address: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

### **Other Adults Living in Unit:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

### **Children to Live in Unit:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**Pet Information:** (Note: A Health Certified card indicating rabies shots are current and a county pet license/tag # for each dog/cat is required to be submitted with the dog/cat picture prior to final approval of application. Dog weight/breed restrictions are defined in the Association Rules and Regulations and strictly enforced.

<http://www.pinellascounty.org/animalservices/licenses.htm>

Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

### **Vehicle Information:**

Tag #: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Tag #: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

No boats, trailers, RV's, campers, motor homes or commercial vehicles are permitted on property overnight.

**Purchase Data:** Price paid for Unit: \$ \_\_\_\_\_

Realtor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

(If Realtor is not involved, please list name, etc. of person handling closing):

Attorney (if applicable): \_\_\_\_\_

Title Company: \_\_\_\_\_

**Purchaser – Do you intend to:**

Live in Unit Annually       Live in Unit Semi-Annually       Lease Unit

Lease is to be written for entire dwelling and not just a portion thereof and for a term of not less than six (6) months. If the unit purchased is to be leased, the owner must submit an application for lease and obtain written Board approval 20 days prior to the finalization of the lease.

Signature(s): \_\_\_\_\_

**ARTICLE 34 IN DECLARATION OF CONDOMINIUM IS STRICTLY ENFORCED**

If you plan to reside in Pine Rush Villas only part of the year, we may need to contact you with Pine Rush Villas business while you are living off-property.

List other address: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Documents and Agreement:**      **(A background check is required for all applicants)**

I understand that Pine Rush Villas Condominium Inc. is a deed-restricted community and I agree to abide by the documents and Rules and Regulations.

I have received     I have **not** received a copy of the Official Documents of the Condominium Association.

Signature: \_\_\_\_\_

Purchaser automatically becomes a member of the Association. All fees and assessments by the Association are due and payable the first of each month in advance, payable to the designated payee. Delinquent fees are subject to a lien on property. The current monthly maintenance fee is: \$ \_\_\_\_\_

Mail completed Applications for Board Approval to:

**Ameri-Tech Community Management, Inc.**  
c/o Jenny Kidd, LCAM  
24701 US Highway 19 N, Suite 102  
Clearwater, FL 33763  
Phone: (727) 726-8000 ext. 247    Fax: (727) 723-1101  
[jkidd@ameritechmail.com](mailto:jkidd@ameritechmail.com)

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Jenny Kidd, LCAM

Acting as agent for Pine Rush Villas Association, Inc.

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 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**

<b><u>TENANT INFORMATION:</u></b>	<b><u>SPOUSE / ROOMMATE:</u></b>
SINGLE _____ MARRIED _____	SINGLE _____ MARRIED _____
SOCIAL SECURITY #: _____	SOCIAL SECURITY #: _____
FULL NAME: _____	FULL NAME: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
DRIVER LICENSE #: _____	DRIVER LICENSE #: _____
CURRENT ADDRESS: _____ _____ HOW LONG? _____	CURRENT ADDRESS: _____ _____ HOW LONG? _____
LANDLORD & PHONE: _____	LANDLORD & PHONE: _____
PREVIOUS ADDRESS: _____ _____ HOW LONG? _____	PREVIOUS ADDRESS: _____ _____ 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