APPROVAL REQUEST TO LEASE

Marilyn Pines II Condominium Association,

Marilyn Pines II Condominium Association, Inc. is a 55 and older community. In Accordance with required regulations the unit must be occupied by at least one person 55 years of under the age of eighteen (18) are allowed to reside in Marilyn Pines II Condominium Birth must be verified and recorded by a copy of Driver's License, Birth Certificate or Identification.

This request for approval to lease must be in the possession of Ameri-Tech, Inc. ten days prior to required time for approval. A copy of the complete lease agreement, copy of identification proving age and $150.00 check payable to Marilyn Pines II Condominium Association, Inc. must accompany this application. Applicant must read Rules and Regulations before interview. Tenant must be interviewed prior to occupancy. Contact Ameri-Tech Community Management, Inc. at 727-726-8000 to schedule the required interview.

FROM: _____   TO: _____

PROPERTY ADDRESS: _____

REAL ESTATE COMPANY: _____

REAL ESTATE AGENT: _____ PHONE#_____

CELL _____ FAX#_____ EMAIL _____

Tenant(s) represent that the following information is true and correct, and consent to your further inquiry and investigation concerning this information or any information, which comes from the inquiry which is necessary for the approval of this request. Applicant agrees to complete background check including criminal records, and any verification of information regarding this application.

Are you considered a sex offender by any state or country?_____Have you ever been convicted of a felony?_____If yes, attach complete information regarding this status.

Lease Term From____/____/_____ ____/____/____. Minimum lease not less than three (3) months.

Tenants of the above unit are as follows:

NAME:_____DATE OF BIRTH___/___/___SS#_____

NUMBER OF PERSONS TO OCCUPY UNIT_____ADDITIONAL PURCHASERS OR PERSONS
PROVIDE NAME, DATE OF BIRTH, SS# AND RELATIONSHIP ON BOTTOM PAGE 3.

PRESENT ADDRESS: _____

PHONE NUMBER: _____EMAIL: _____

MAILING ADDRESS IF DIFFERENT: _____

EMPLOYER NAME:_____

PHONE NUMBER: _____

ADDRESS:_____

EMERGENCY CONTACT(S) NAME & PHONE

_____

_____

_____

AUTOMOBILE Make/Model_____Tag#_____State_____

AUTOMOBILE Make/Model_____Tag#_____State _____

Refer to Article VIII: Car Parking in Rules and Regulations

PET: One dog or cat only. Must be less than 20 LBS.   Breed_____Weight_____

By signing below, tenants(s) attests that a copy of Condominium Rules & Regulations have been received, read, and understood and agree to abide by all the conditions and terms therein and all reasonable rules and regulations hereafter enacted officially by the Association.

This approval is subject to all 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.

Copy of Lease Agreement is attached_____Fee Paid_____Copy of _____

TENANT SIGNATURE_____DATE____/____/____

TENANT SIGNATURE_____DATE____/____/____

APPROVAL PROCESS REQUIRES AND INTERVIEW AND WRITTEN APPROVAL

A FEE OF $150.00 IS REQUIRED FOR PROCESSING THIS APPLICATION
MAKE PAYMENT PAYABLE TO MARILYN PINES II CONDOMINIUM ASSOCIATION

MAIL TO:
AMERI-TECH COMMUNITY MANAGEMENT,
INC.
24701 US HWY 19 N, SUITE 102

Interviewed By:_____**Date:**____/____/____

ADDITIONAL INFORMATION IF

MARILYN PINES II CONDOMINIUM ASSOCIATION, INC.

Are you considered a sex offender by any state or country?_____Have you ever been convicted of a felony?_____If yes, attach complete informtion regarding this status.

Is unit to be used as part time residence?_____ OR full time residence?_____

Marilyn Pines II Condominium Association, Inc. Leasing Restrictions: Minimum lease to be not less than three (3) months.

Is unit to be leased or occupied by anyone other than purchaser?_____If unit is to be leased, purchaser agrees to provide Ameri-Tech Community Management, Inc. a completed application for lease, copy of lease, $100.00 application fee payable to Marilyn Pines II Condominium Association 10 days prior to occupancy. Tenant must be interviewed prior to occupancy.

Purchasers of the above unit are as follows:

NAME:_____ DATE OF BIRTH___/___/___ SS#_____

NAME:_____ DATE OF BIRTH___/___/___ SS#_____

NUMBER OF PERSONS TO OCCUPY UNIT_____ADDITIONAL PURCHASERS OR PERSONS *PROVIDE NAME, DATE OF BIRTH, SS# AND RELATIONSHIP ON BOTTOM PAGE 3.*

PRESENT ADDRESS:

_____

PHONE NUMBER: EMAIL:

_____

MAILING ADDRESS IF DIFFERENT:

_____

EMPLOYER NAME:_____

PHONE NUMBER:_____

ADDRESS:_____

EMERGENCY CONTACT(S) NAME & PHONE #: