SHADOW RUN COMMUNITY ASSOCIATION, INC. APPLICATION FOR PROPOSED UNIT LEASE or PURCHASE

Email application to: mhatka@ameritechmailcom

Note: This application must be fully completed, signed, and be accompanied by a \$75.00 non-refundable application fee per applicant payable to Shadow Run Community Association, Inc. Applicants legally married to one another and who intend to jointly lease or own need only complete one application with information on both spouses included, and need only remit \$75.00 for application to include a criminal and financial background check. By signing the application, applicants certify that they have read, understand, and will abide by the Homeowners Association Declaration, By-Laws, and rules and regulations, including the restrictions regarding pets. Every occupant over the age of 18 must apply and complete a separate application and submit a check of \$75.00 for each application. Copy of Driver's license(s) must be attached to this application. Return application to Shadow Run Community Association, Inc c/o Ameri-Tech Community Management, Inc. - 24701 US Highway 19 N Suite 102, Clearwater, FL 33763.

Lease:	_ Purchase	Unit Address	S				
	(Please include	a copy of the l	ease or p	urchase agre	ement wit	h application)	
Lease Dates:		_to	to Lease Rate \$			(Month)	
Purchase:	Purchase Date	Purchase Date: Purchase Price \$					
Current Unit	Owner						
If Purchase t	his will be:	Primary Res	idence	Second H	Home	Investment Applicar	
Information:	Total number	of persons inte	nded to o	ccupy unit _			
Name			SS#	<u>-</u>	DOB		
Phone			Email				
Name			SS#		DOB		
Phone			_ Email				
Current Addı	ress						
Previous Add	dress						
		(Pleas	se include	last 5 years))		
Present Land	llord or Mortga	ge Company N	ame, Add	ress and Pho	one Numbe	er	

Employment	Informatio	n:						
Present Employer Phone								
Employer Ad	dress:							
Current Posit	rrent Position Length of Employment							
Vehicle Infor	mation:							
Vehicle #1								
	Year	Make	Model	Tag#	State			
Vehicle #2								
			Model	Tag#	State			
	result in imi	mediate towing	-	e. Street parking and	other unauthorized			
Name		Addres	s	P	Phone			
Name	Jame Address		s	Phone				
Emergency C	Contact Nan	ne and Phone: _						
Pet: Indicate	Dog or Cat,	, Breed and We	ight:					
verification of obtain Application. A grounds for	of same by cant's credi Applicant u rejection o	reasonable mea it bureau repor nderstands that f this applicatio	ans. Applicant ts and other false or incor on. Applicant	authorizes Association information deemed mplete information gragges that a full dis	plete and authorizes the on and its Management to necessary to process this iven herein may constitute sclosure of all information ty for which applicant has			
Signature of Applicant				Date				
Signature of Applicant				Date				