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

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 Addre	ss				_
	(Please includ					h application)	
Lease Dates:		to	to Lease Rate \$			(Month)	
Purchase:	Purchase Dat	te:	Purchase Price \$				
Current Unit	Owner						_
If Purchase t	his will be:	Primary Re	sidence	Second H	lome	Investment Appl	icant
Information:	Total number	of persons int	ended to o	ccupy unit _			
Name			SS#		DOB		
Phone			_ Email				
Name			SS#		DOB		
Phone			Email				
Current Addı	ress						_
Previous Add	dress						_
		(Plea	se include	last 5 years)			_
Present Land	llord or Mortg	age Company	Name, Add	ress and Pho	ne Numb	er	
							_
							_

Employment In	nformatio	n:					
Present Employer Phone							
Employer Addr	ess:						
Current Positio	n			Length of Employment			
Vehicle Inform	ation:						
Vehicle #1							
`	Year	Make	Model	Tag #	State		
Vehicle #2			Model	 Tag #	 State		
Note: Trailers a parking will res Reference and	sult in imn	nediate towing	-	e. Street parking and	other unauthorized		
Name		Addres	ss	P	Phone		
Name		Address		P	Phone		
Emergency Cor	ntact Nam	e and Phone:					
Pet: Indicate D	og or Cat,	Breed and We	eight:				
verification of obtain Applica application. Ap grounds for re	same by r nt's credit pplicant ur jection of	reasonable me t bureau repoi nderstands tha f this applicati	eans. Applicant rts and other t false or incor on. Applicant	on is true and com authorizes Association information deemed inplete information giver agrees that a full dispowner of the proper	on and its Managem necessary to proce ven herein may con sclosure of all infor	nent to ess this estitute mation	
Signature of Applicant			Date				
Signature of Applicant				Date			