

BELLA CAPRI C/O Ameri-tech Property Management  
PHONE: (727) 726-8000 FAX: (727) 723-1101  
Request for Approval of New Owner/ Renter

NEW RESIDENT: This application should be completed at least 10 business days prior to new occupancy date. Incomplete forms cannot be processed and will be returned. There is a \$100 application fee payable to Bella Capri that must be brought to the interview.

CURRENT OWNER INFORMATION: Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Name: \_\_\_\_\_  
Last First

Home Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

I acknowledge that, as the current owner, it's my responsibility to provide the purchaser/ renter with the following:  
Initial when provided:  
\_\_\_\_\_ Current set of the Declaration of Condominium, Articles of Incorporation & By-Laws (Owner only)  
\_\_\_\_\_ Current copy of the Rules and Regulations (Renters should get this)  
\_\_\_\_\_ Maintenance Payment Coupon Book (Owner only)  
\_\_\_\_\_ Mail box key  
\_\_\_\_\_ Pool area key  
\_\_\_\_\_ I will provide this completed application to Ameri-Tech at least 10 business days before the sale closing date or lease date.

NEW OWNER / RENTER INFORMATION:

Name: \_\_\_\_\_  
Last First

Name: \_\_\_\_\_  
Last First

Phone: \_\_\_\_\_  
Home Business Cell

(Owner)Closing Date: \_\_\_\_\_ (Renter)Lease Term: \_\_\_\_\_

Vehicle Information:  
Vehicle #1 Year Make Color State Tag #  
\_\_\_\_\_  
Vehicle #2 Year Make Color State Tag #  
\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

Name of Person to be Notified \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #'s (Home/Biz/Cell): \_\_\_\_\_

REALTOR / Rental Agent's Name  
\_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Buyer / Renter hereby acknowledges that he/she has read and examined the Declaration of Condominium the Rules and Regulations contained therein and the By-Laws of the Association and further acknowledges and agrees to abide by each and every term and condition of the same, as well as the Rules & Regulations of the Condominium Association. The undersigned further understands that he/she is directly responsible for any and all actions of family members, guests, employees and agents who are in/on the premises of Bella Capri Condo. I/We certify that all the information provided on this application is correct.

Signature of Owner / Renter \_\_\_\_\_ Date: \_\_\_\_\_

The Board Committee has \_\_\_\_\_ has not \_\_\_\_\_ approved the foregoing application on \_\_\_\_\_  
(Date)

Committee Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**BACKGROUND INFORMATION FORM**    **DATE:** \_\_\_\_\_

I / We \_\_\_\_\_, prospective  
tenant(s)       /       buyer(s)       for       the       property       located       at

Managed                      By: \_\_\_\_\_                      Owned  
By: \_\_\_\_\_

Hereby allow TENANT CHECK 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 has made an inquiry. I / We cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

**PLEASE PRINT CLEARLY**

**INFORMAITON**

**SPOUSE / ROOMMATE**

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

HOW LONG? \_\_\_\_\_

LANDLORD & PHONE \_\_\_\_\_

LANDLORD & PHONE: \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

HOW LONG? \_\_\_\_\_

HOW LONG? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

GROSS MONTHLY INCOME: \_\_\_\_\_

GROSS MONTHLY INCOME: \_\_\_\_\_

LENGTH OF EMPLOYEMENT: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED?

HAVE YOU EVER BEEN ARRESTED:

(CIRCLE ONE)       YES       NO

(CIRCLE ONE)       YES       NO

HAVE YOU EVER BEEN EVICTED?

HAVE YOU EVER BEEN EVISTED?

(CIRCLE ONE)       YES       NO

(CIRCLE ONE)       YES       NO

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_