

Aqua Solis Homeowners Association  
A Deed Restricted Community

# Application for Lease or Purchase

Lease Minimum of 7 Months

*Note: Application must be submitted 21 days prior to occupancy for Board approval*

*Please include a copy of the lease or purchase agreement*

*A background check is required of all applicants*

**\$100.00 APPLICATION FEE**

**PLEASE PRINT CLEARLY**

Property to be Leased/Purchased: \_\_\_\_\_ Lease Date: From \_\_\_\_\_ To \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Owner's Home Tele #: \_\_\_\_\_ Cell/Work Tele: \_\_\_\_\_

**Personal Data of Lessee: Names:**

(1) \_\_\_\_\_ Phone Contact No. \_\_\_\_\_

(2) \_\_\_\_\_ Phone Contact No. \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Employment: NAME AND ADDRESS: \_\_\_\_\_

**Other Adults To Live in Unit:**

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

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

**Children To Live in Unit:**

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

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

If you have previously resided at Aqua Solis Homeowners Association, please list address:

\_\_\_\_\_

**Pet Information:** ( Pets require written Board approval. All rules are strictly enforced).

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

**Vehicle Information:**

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

*(No boats, trailers, Rvs, campers, motor homes, motorcycles or commercial vehicles are permitted on property overnight.)*

**Lease Data:** *There is a minimum written lease of seven months. The lease is to be written for the entire unit and not just a portion thereof.*

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

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

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

*A copy of the lease agreement is to be attached to this application.*

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

**Lessee/Purchaser:** I understand that Aqua Solis Homeowners Association is a deed-restricted community and I agree to abide by its documents and Rules and Regulations.

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

I have received \_\_\_ have not \_\_\_ received a copy of the Rules and Regulations of the community.

Completed Applications for Board Approval should be Sent to:

Jenny Kidd, LCAM  
Ameri-Tech Property Management, Inc. 24701 U.S.  
Highway 19 North, Suite 102  
Clearwater, FL 33763  
[jkidd@ameritechmail.com](mailto:jkidd@ameritechmail.com)

Telephone: (727) 726-8000 x247 FAX: (727) 723-1101

Name and Address of Homeowner or Real Estate Agent to whom Approved Application is to be Mailed:

Homeowner/Agent: \_\_\_\_\_

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

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

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Jenny Kidd, LCAM, Acting as Agent for Aqua Solis Homeowners 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**

### TENANT INFORMATION:

### 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 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

## ACKNOWLEDGEMENT OF ASSOCIATION DOCUMENTS

I acknowledge I have read and understand the documents of Aqua Solis Homeowners Association, including but not limited to the below.

1. Aqua Solis HOA Declaration of Restrictions
2. Aqua Solis HOA Rules and Regulations
3. Aqua Solis HOA By-Laws
4. Aqua Solis HOA Articles of Incorporation

I do hereby agree that I will abide by the rules and regulations in these documents. I understand that not abiding to the Rules and Regulations could result in a fine.

All unit occupants over the age of 18 sign below.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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