

Cloverplace Condominium Association, Inc.
Association Data Management
Frankly Coastal Property Management, LLC.
1400 Lake Tarpon Avenue
Tarpon Springs, FL 34689
Ph: 727-799-0031

Sale Application

This application must be submitted along with a non-refundable processing fee of **\$100.00 per applicant** "with a husband and wife or parent and dependent child being considered a **single applicant**", and each additional adult over 18 must submit an additional \$100 processing fee (payable to "Cloverplace Condominium Association") to the Board of Directors via Frankly Coastal at least 30 days prior to the sale of any unit. New owners may not move into Cloverplace Condominiums without prior written approval of the board of directors. **And as per the new amendment dated November 27, 2019, new owners must live in purchased unit for at least one year. A copy of applicant(s) driver's license must be attached to this application.**

ALL INFORMATION MUST BE COMPLETED IN FULL TO VALIDATE APPLICATION.

Cloverplace Unit Address: _____ Closing Date: _____

Mailing/Residential Address (if different from above): _____

New Owner's Legal Name: _____ SS#: _____ DOB: _____

Phone #: _____ Work Phone #: _____ Email Address: _____

Employer: _____ Employer Ph #: _____ Years: _____ Annual Income: _____

Mortgage Company: _____ Mortgage Company Ph#: _____

Co-Owner's Legal Name: _____ SS#: _____ DOB: _____

Phone #: _____ Work Phone #: _____ Email Address: _____

Employer: _____ Employer Ph #: _____ Years: _____ Annual Income: _____

Please list other occupants of the unit below:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Do you have a pet? If yes, what kind/breed? _____

AGGRESSIVE DOG BREEDS INCLUDING, BUT NOT LIMITED TO, WOLF HYBRIDS, ROTTWEILERS, AND PITT BULLS OR A MIXTURE OF THESE BREEDS, SHALL NOT BE KEPT ON THE CONDOMINIUM PROPERTY. A PHOTO OF ALL PETS MUST BE SUBMITTED ALONG WITH THIS APPLICATION FOR APPROVAL OF ALL LEASES OR TRANSFERS. ANIMALS OF ANY KIND MUST BE ON A LEASH AT ALL TIMES OUTSIDE OF OWNER'S UNIT.

Cloverplace Condominium Association, Inc. Sale Application (continued)

Number of vehicles owned or used by all occupants: _____ (please list complete information below)

Vehicle Year/Make/Model/Color: _____ Vehicle Plate#: _____

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PARKING OF COMMERCIAL VEHICLES IN CLOVERPLACE IS NOT PERMITTED WITH THE EXCEPTION OF TEMPORARY PICK UP, DELIVERY AND REPAIRS.

Residential History:

Present Address: _____ Years at address: _____

Landlord/Mortgage Company: _____ Phone #: _____

Previous Address: _____ Years at address: _____

Landlord/Mortgage Company: _____ Phone #: _____

Please list (3) credit references (Credit Cards, Auto Loans, Bank Accounts):

Account Name: _____ Account #: _____ Institution Ph #: _____

Account Name: _____ Account #: _____ Institution Ph #: _____

Account Name: _____ Account #: _____ Institution Ph #: _____

Emergency Contact:

Name/Relationship: _____ Phone #: _____

Address: _____

1. Have you even been convicted of a crime or entered a no contest plea or guilty plea to a crime which resulted in your classification as a sexual predator or a sexual offender or similar laws of this or any other state, territory or country? If Yes, explain: _____
2. Have you even been convicted or entered a guilty or no contest plea to any crime which has resulted in the requirement that you register with a government agency? If Yes, explain: _____

Official Use Only

Approved: _____ Denied: _____
Reviewed By : _____ Date: _____

Cloverplace Condominium Association, Inc. Sale Application (continued)

The undersigned unit owner(s) hereby certify that the above information is true and correct and understand that, if any information is found to be false, the unit owner(s) may be forced to sell the unit and will be required to move from the community. The unit owner (s) acknowledge receipt of the rules and regulations and governing documents of the association and agree to abide by these rules. The unit owner(s) agree that the condominium association or its agents may investigate the information contained on this application and the unit owner(s) authorize previous or present landlords and creditors to furnish information to that association or its agents. The unit owner(s) understand that

Association Data Management will obtain a financial report from a reporting agency as well as a background check.

Witness _____

Signed: _____ Date: _____

Signed: _____ Date: _____

STATE OF FLORIDA

COUNTY OF PINELLAS

I HEREBY CERTIFY THAT on this day personally appeared before me the person(s) who's signature appears above, to me well known to be the person described in and who executed the foregoing, and acknowledged before that _____ executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have set my hand and affixed my seal at _____ said County and State, the _____ day of _____ 20____.

Notary Public

My Commission Expires: _____

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.

PHONE NUMBER _____

PLEASE PRINT CLEARLY

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: _____

TENANT CHECK HOURS OF OPERATION:

MONDAY - FRIDAY: 9:00 a.m. - 5:30 p.m.

SATURDAY: 11:00 a.m. - 4:00p.m.

ALL ORDERS RECEIVED AFTER 5:00 p.m. (3:50 p.m. on Sat. WILL BE PROCESSED THE
NEXT BUSINESS DAY

TENANT CHECK EMAIL:

fparrish@associationdatamanagement.com

**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