

RUXTON VILLAGE II HOA
c/o Ameri-Tech Community Management, Inc.
24701 US HWY 19 N, Suite 102, Clearwater, Florida 33763
Phone (727) 726-8000 Fax (727) 723-1101

Sale/Lease Application

This application must be submitted along with a non-refundable processing fee of \$100.00 (payable to Ruxton II HOA) to the Board of Directors via Ameri-Tech Community Management, Inc. at least 15 days prior to the lease of any unit. New occupants may not move into the unit without prior written approval of the Board of Directors.

A copy of applicant(s) driver's license must be attached to this application.

ALL INFORMATION MUST BE COMPLETED IN FULL TO VALIDATE APPLICATION

Unit Address: _____ Owner's Name: _____

Owner's Address: _____

Owner's Home Phone #: _____ Cell Phone #: _____

Applicant's Legal Name: _____ DOB: _____

Home Phone #: _____ Cell Phone #: _____

Employer: _____ Employer's Phone #: _____ Years: _____

Co-Applicant's Legal Name: _____ DOB: _____

Home Phone #: _____ Cell Phone #: _____

Employer: _____ Employer's Phone #: _____ Years: _____

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 PROPERTY. A PHOTO OF ALL PETS MUST BE SUBMITTED ALONG WITH THIS APPLICATION FOR APPROVAL. ANIMALS OF ANY KIND MUST BE ON A LEASH AT ALL TIMES OUTSIDE OF UNIT.

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

Vehicle Year/Make/Model/Color:_____

Vehicle Plate#:_____

Vehicle Year/Make/Model/Color:_____

Vehicle Plate#:_____

PARKING OF COMMERCIAL VEHICLES IS NOT PERMITTED WITH THE EXCEPTION OF TEMPORARY PICK UP, DELIVERY AND REPAIRS. ALL VEHICLES MUST MAINTAIN CURRENT REGISTRATION OR THEY WILL BE TOWED AT OWNERS EXPENSE. ON STREET OVERNIGHT PARKING IS PROHIBITED.

Residential History:

Present Address:_____ Years there:_____

Landlord:_____ Phone #:_____

Previous Address:_____ Years there:_____

Landlord:_____ Phone #:_____

Emergency Contact:

Name/Relationship:_____

Phone #:_____

Address:_____

The undersigned applicant(s) hereby certify that the above information is true and correct and understand that if any information is found to be false, the applicant(s) may be forced to move from the community. The applicant(s) acknowledge the rules and regulations of the Association and agree to abide by these rules. The applicant(s) agree that the Association or its agents may investigate the information contained on this application and the applicant(s) authorize previous or present landlords and creditors to furnish information to that Association or its agents. The applicant(s) understand that Ameri-Tech Community Management, Inc. may obtain a financial report from a reporting agency as well as a background check.

Signed:_____ Date:_____

Signed:_____ Date:_____

BOARD MEMBER ONLY Approved:_____ Denied:_____ Reviewed by:_____

Date:_____