

**BORDEAUX VILLAGE CONDOMINIUM ASSOCIATION #3, INC.  
C/O Ameri-Tech Community Management 6415 1<sup>st</sup> Avenue South**

**Saint Petersburg, FL 33707 (727)726-8000, Fax (727) 873-7307**

**APPLICATION:LEASE/RENTAL**

Processing of this application- requires checks in the amount of \$100.00 and \$350.00 Security Deposit made pay to the Association. Deposit is held for the term of the lease and refunded only after it is determined that there is no damage to any common areas. The Board requires fifteen (15) working days from receipt of a completed application for approval.

Association Approval:

Signature \_\_\_\_\_

Print

Name \_\_\_\_\_

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

**This application will not be processed unless it is completely filled in, a copy of the Lease agreement & copy of Driver's License is attached, and a check in the proper amount made payable to: Bordeaux Village Condominium Associates #3, Inc.**

Tenant represents that the following information is true and correct and consents to further inquiry and investigation concerning the information supplied to any information which comes from that inquiry which is necessary for the approval of this application.

Tenant/Renter: \_\_\_\_\_

Current Address \_\_\_\_\_

Phone# \_\_\_\_\_ email \_\_\_\_\_

Employer \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Rent Occupancy Date \_\_\_\_\_ to \_\_\_\_\_ Landlord/Owner \_\_\_\_\_

Address & Unit # \_\_\_\_\_

Contact information where this application is to be sent after approval

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Renter/Tenant References (non-relatives only)

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Names of Persons that will occupy this unit

1) \_\_\_\_\_ Birth Date \_\_\_\_\_

2) \_\_\_\_\_ Birth Date \_\_\_\_\_

3) \_\_\_\_\_ Birth Date \_\_\_\_\_

4) \_\_\_\_\_ Birth Date \_\_\_\_\_

Emergency contact (person to contact in case of emergency)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**VEHICLES/AUTOMOBILES**

1) **Make:** \_\_\_\_\_ **Year** \_\_\_\_\_ **License#** \_\_\_\_\_

2) **Make:** \_\_\_\_\_ **Year** \_\_\_\_\_ **License#** \_\_\_\_\_

**PET INFORMATION**

**Type of Pet** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Breed** \_\_\_\_\_

**Type of Pet** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Breed** \_\_\_\_\_

Renter/Tenant states that he/she has received a copy of Rules and Regulations and that he/she has read these documents, understands their content and agrees to abide by all of the conditions and terms therein, and all reasonable future rules and regulations enacted thereafter officially by the Association.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Any change in occupancy may not occur without required Board approval**

CUSTOMER NUMBER 2325 - AMBRI-TECH

PROPERTY / ASSOCIATION - \_\_\_\_\_

**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**

<u>INFORMATION:</u>		<u>SPOUSE / ROOMMATE:</u>	
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. (3:30 p.m. on Sat.) WILL BE PROCESSED THE  
 NEXT BUSINESS DAY

**TENANT CHECK FAX #: (727) 942-6843**

**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