

LOP STAR RANCH

New Tenant Profile - \$100.00 Lease Application Fee Required

GENERAL INFORMATION:

1. Address of Unit being leased: _____
2. Full Name: _____
3. Lease in Name of: _____
4. Tenant's phone number at unit: _____
5. Tenant's E-mail address: _____
6. Anticipated move-in date: ___/___/___
7. Term of lease (all leases should be a minimum of seven months and no more than two leases are to be approved per lot in a twelve month period): _____
8. Number of Occupants: Adults _____ Children _____ Total _____
9. Children's Name (s) and Age(s):

10. Pets

Please note:

- a. no pit bulls or rottweilers shall be permitted within the Total Property at any time.
- b. within the townhomes the weight limit for all pets shall be 25 pounds per pet and no more than a total of two (2) cats, dogs, or birds, in the aggregate, may be kept.
- c. within the single-family homes no more than a total of three (3) cats, dogs, or birds in the aggregate may be kept on any Lot.

- a. # of Dogs _____
 - i. Dog 1 (name, weight, and breed) _____
 - ii. Dog 2 (name, weight, and breed) _____
 - iii. Dog 3 (name, weight, and breed) _____
- b. # of Cats _____
- c. # of Other _____ (please list) _____

11. Automobiles

Please note:

- a. *motorcycles are not permitted in the Townhomes*
- b. *commercial vehicles, as defined as any truck or vehicle greater than ¾ ton capacity, that has signage or other advertising, or commercial displays affixed thereto are not permitted to be parked within the Total Property.*

How many? _____

- c. Make, Model, Color & Tag _____
- d. Make, Model, Color & Tag _____
- e. Make, Model, Color & Tag _____

12. Has the tenant been provided a copy of the community’s declarations and amendments? Yes _____ No _____

13. Access cards/keys for amenities to be issued to: Tenant _____ Owner _____
(Note: access cards/keys may be issued to EITHER the tenant or the owner, but not to both)

Please attach a copy of the executed lease with this form and be sure that the owner (not their agent) has signed below.

Unit owner signature _____

Date of Execution: _____

Please mail to:

Ameri-Tech Community Management, Inc.
 CORPORATE HEADQUARTERS
 24701 US Highway 19 North, Suite 102, Clearwater, FL
 33763
 Phone: (727) 726-8000 • Fax: (727) 723-1101
 Toll Free: 1-877-726-0000
www.ameri-tech.com

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

<u>TENANT 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 4:30 p.m. (3:00 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