

**LONE STAR RANCH ASSOCIATION,
INC.**

New Tenant Profile - \$60.00 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. Number of Occupants: Adults____ Children____ Total____
6. Children's Name (s) and Age(s):

7. Number of Pets: Dogs____ Cats____ Other _____ (please list below):

8. Anticipated move-in date: ____/____/____
9. Term of lease: _____
10. Automobiles, how many? _____
 Make, Model, Color & Tag _____
 Make, Model, Color & Tag _____
 Make, Model, Color & Tag _____
11. Has the tenant been provided a copy of the rules? Yes____ No____
12. E-mail address: _____
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