MORNINGSIDE EAST, INC.

c/o Ameri-Tech Community Management, Inc. 24701 US Hwy 19 N, Ste 102, Clearwater, FL 33763 P: (727) 726-8000 x 232 | F: (727) 723-1101

PURCHASE/LEASE APPLICATION

At least two (2) weeks prior to lease signing and occupancy, a purchaser and/or tenant MUST complete this application and return it to Management company at the above address along with a \$100.00 non-refundable application fee per applicant made payable to Morningside East, Inc. (check or money-order only). Incomplete applications will be returned without approval.

All the governing documents of the Morningside East, Inc. association shall apply to any purchaser, tenant and owner/landlord. THE ASSOCIATION'S GOVERNING DOCUMENTS PROHIBIT SUB-LEASING. If a single tenant violates any of the Association's governing documents, the Association has the right to terminate the lease and evict all the tenants. The Association also reserves the right to refuse approval of the lease renewal for the tenants that violate the Association's governing documents. Please note, Ameri-Tech Community Management, Inc. will request a background check prior to lease approval.

Name of current owner:		Unit:
Property address of unit:		
☐ Purchaser ☐ Tenant	Information (please check one)	
	Applicant	
Name:		
Address:		
City/State/Zip:		
SS#:		
Driver's License #:	State:	
DOB:		
Phone:		
E-mail:		
Years at Previous Addre	ess:	
☐ Own ☐ Rent \$	Payment/Month	
Landlord's Name:		
Landlord's Phone:		
Reason for moving:		
List any evictions or previ	ous convictions:	
List arry Cylotions of previ	odo convictorio.	

MORNINGSIDE EAST, INC.

Name:					
Address:					
City/State/Zip:					
Phone:					
Occupation:					
How many years:					
Provide three (3) refer	rences:				
Previous Landlord:		Phone:	Phone:		
Employer:		Phone:			
Other:		Phone:			
Name 1.	Address	City/State/Zip	Phone		
	Address	City/State/Zip	Phone		
2. 3.					
Purchase or Lease Da	ıta:	If only Closing Date:			
Firm Name: Contact Name:		If sale, Closing Date: If lease, Start Date:			
		End Date:			
		- Fno Date			
Address:			lea:		
Phone:		Purchasers Only, Unit l			
Phone: Fax:		Purchasers Only, Unit U	☐ Investment/Flip		
Phone:		Purchasers Only, Unit l			
Phone: Fax: E-mail: Purchaser: Upon compand assessments required Delinquent fees are sulfate.	ired by the Association bject to a lien on prope Please note the ma	Purchasers Only, Unit U	☐ Investment/Flip☐ Part-time Res e Association. All feese first of each month.		

animals must be approved by the Board PRIOR to bringing them on the premises. Animals must always be leashed, and the owner must pick-up any droppings left by his or her animal. There are children playing in the complex, so please walk dogs only on the sidewalk by the street or along the Pinellas Trail at the west end of the community.

MORNINGSIDE EAST, INC.

By signing below, I attest that all of the information provided in this application is true and correct to the best of my knowledge and I authorize the Association and/or Ameri-Tech Community Management, Inc. to conduct a background check or other investigation to verify the information in this application. Furthermore, I hereby acknowledge that I have received a copy of, read and understand the Association's Governing Documents and agree to abide by all of the Association's Governing Documents.

NOTE: Driver's license numbers and social security numbers are used for background checks and will be removed from the form upon completion of the background check.

Applicant's Signature		Date
□ Approved	☐ Disapproved, reason:	
Board/Agent Signature		Date
		nd provided all parties agree with Morningside or tenant may begin occupying the unit.

Revised: 04/17/2019

CUSTOMER NUMBER 2325 - AMERI-TECH

PROPERTY / ASSOCIATION - MORNINGSIDE FAST

BACKOROUND INTORMA	
I / We	, prospective
tenant(s) / buyer(s) for the property located at _	,
Managed By:	Owned By:,
to obtain information for use in processing of this application. If we underst If we cannot claim any invasion of privacy or any other claim that may arise	ire into my/our credit file, criminal, and rental history as well as any other personal record, and that on my / our credit file it will appear the TENANT CHECK has made an inquiry, against TENANT CHECK now or in the future. 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:	LENOTH 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:

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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. (3:10 p.m. and 5ai.) 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