

# WESTSHORE TOWNHOMES POA, INC.

A Deed Restricted Community

## HOA RENTAL REGISTRATION/APPROVAL FORM INSTRUCTIONS

**All pages of this application must be completed in detail by the applicant(s).**

- If any question is not answered or left blank, this application may be returned, which will result in a delay in approval.
- A copy of the signed lease must be attached to this completed application.
- All leases will be for a term of not less than 12 months, there shall be no subleases. All leases must be for a single family residence.
- A legible copy of driver license for all persons 18 years and older must be attached
- All applicants over 18 will have a national background check performed
- A non-refundable processing fee for the amount of \$100.00 must accompany the application per person over 18 (If married couple, only \$100 is required) No personal checks accepted.
- Application must be signed and dated by the Applicant(s).
- Applications can be received by fax or E-mail
- Please return completed application to:  
**Ameri-Tech Community Management, Inc.**  
24701 US Highway 19 N, Suite 102  
Clearwater FL 33763
- ALLOW 5 - 7 BUSINESS DAYS FOR PROCESSING
- A \$50.00 additional fee can be attached for a rush application

**It is responsibility of each Unit Owner to comply with the Association leasing procedures and to submit a rental application for approval.**

**Unit Owners and Tenants who do not comply with the rules and regulations of the Association will be subject to penalties and initiation of legal proceedings.**

**Applicant agrees to obtain from unit owner a copy of the Declarations of Covenants, Conditions and Restrictions and Rules and Regulations as well as Adheres and Amendments to them.**

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## HOA RENTAL REGISTRATION/APPROVAL FORM

Rental Unit Address \_\_\_\_\_

Name of current owner(s) \_\_\_\_\_

Permanent address of owner(s) \_\_\_\_\_

Owners Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### APPLICANT'S INFORMATION

Applicants Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Applicant's address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

### CO-APPLICANT'S INFORMATION

Co-applicant's Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Co-Applicant's address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

### CO-APPLICANT'S INFORMATION

Co-applicant's Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Co-Applicant's address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

### CO-APPLICANT'S INFORMATION

Co-applicant's Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Co-Applicant's address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

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RENTAL APPLICATION – LEASE TERM \_\_\_\_\_ TO \_\_\_\_\_  
Start Date End Date

## PLEASE LIST ALL OCCUPANTS (ADULTS AND CHILDREN WHO WILL RESIDE AT THE RESIDENCE IF APPROVED)

| Name  | Relationship to Applicant | Date of Birth |
|-------|---------------------------|---------------|
| _____ | _____                     | _____         |
| _____ | _____                     | _____         |
| _____ | _____                     | _____         |

## VEHICLE INFORMATION

| Make  | Model | Year  | Color | Tag   | State |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

## PET INFORMATION

Pet type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Name \_\_\_\_\_  
Pet type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Name \_\_\_\_\_

**Please provide picture of pet(s) and pet records from veterinarian.**

## PREVIOUS ADDRESSES AND REFERENCES

Name \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_  
Time period lived there \_\_\_\_\_ to \_\_\_\_\_  Own or  Rent  
Reason for leaving \_\_\_\_\_  
Name \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_  
Time period lived there \_\_\_\_\_ to \_\_\_\_\_  Own or  Rent  
Reason for leaving \_\_\_\_\_

**NOTICE TO PAY RENT DIRECTLY TO ASSOCIATION**

Pursuant to the new Senate Bill effective July 1, 2010 the “ Association” is afforded the ability to collect monetary obligations/assessments related to delinquent unit(s) until your tenancy is discontinued on this unit.

**Florida Statute 720.3085(8) states:**

“ If the parcel is occupied by a tenant and the parcel owner is delinquent in paying any monetary obligation due to the association, the association may demand that the tenant pay to the association the future monetary obligations related to the parcel. The demand is continuing in nature, and upon demand, the tenant must continue to pay the monetary obligations until the association releases the tenant or the tenant discontinues tenancy in the parcel. A tenant who acts in good faith in response to a written demand from an association is immune from any claim from the parcel owner.”

Should your landlord become delinquent during your tenancy you will be required to pay the Association the future monetary obligations related to the parcel on a monthly basis until the amount is arrears is paid. The Association’s attorney will provide such written demand.

If this amount is less than the amount you are obligated to pay for rent, you must pay the difference to your landlord. In the event this monthly amount increases, you will receive additional written notice from the Association. If you have prepaid your rent to the landlord, you must provide written evidence of your pre-paid rents to the Association within 14 days after receiving this notice.

**The new Florida law provides that the Association has the right to evict you from the parcel for failure to pay the above-referenced monetary obligations to the Association,**

**The undersigned hereby acknowledges all the governing Declarations of Covenants, Conditions and Restrictions of the Association and the Rules and Regulations and State Statutes supersede and take precedence over landlord and management lease agreements.**

\_\_\_\_\_  
**Lessee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Lessee signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Lesser Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Lesser Signature**

\_\_\_\_\_  
**Date**

**Acknowledgement of Association Declarations of Covenants, Conditions and Restrictions and Rules and Regulations**

I / We , \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, understand and received all the rules and regulations of the association and agree to follow and adhere to them. I understand that if I do not I am subject to fines, violations, possible eviction and legal action against me for failing to comply with the Association Declarations of Covenants, Conditions and Restrictions and Rules and Regulations.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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