

# APPLICATION FOR APPROVAL OF SALE

COPA PALMS CONDOMINIUM ASSOCIATION, INC.

Unit #: \_\_\_\_\_

Owner(s): \_\_\_\_\_

**WE REPRESENT THAT THE FOLLOWING INFORMATION IS TRUE AND CONSENT TO ANY FURTHER INQUIRY REGARDING THE INFORMATION**

**Application Fee: \$100 per Married Couple. \$100 for Unrelated Adults Over 18 Years of Age**

Applicant(s): \_\_\_\_\_

(Buyers) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Telephone Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Closing Date: \_\_\_\_\_ Title Company: \_\_\_\_\_

Closing Agent: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Realtor: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**The undersigned applicant(s) has received and agree to abide by all of the rules and regulations of the condominium association:**

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

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

**THIS APPLICATION IS APPROVED CONTINGENT UPON ALL FINANCIAL OBLIGATIONS TO THE HOMEOWNERS ASSOCIATION BEING PAID IN FULL AS OF THE CLOSING DATE:**

**COPA PALMS CONDOMINIUM ASSOCIATION, INC.**

Date Approved: \_\_\_\_\_ By: \_\_\_\_\_

**ATTENTION BUYER:**

Maintenance fees are due and payable on the 1<sup>st</sup> of every month.

No Pets

Copy of sales contract must be attached

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**

**TENANT 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: \_\_\_\_\_

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