

APPROVAL REQUEST FOR SALE AND OWNERSHIP TRANSFER

Heather Ridge West III Association, Inc.

SPECIAL NOTE: This request for approval of ownership transfer must be in the possession of Ameri-Tech Community Management, Inc. at least fifteen (15) days prior to approval. All supporting documents and a check for \$100 must accompany this application. Applicants must be interviewed by an association representative prior to approval.

Seller: _____ Purchaser: _____
Unit Address: _____ Closing Date: _____
Title Company: _____ Phone: _____ Fax: _____
Or
Real Estate Agent: _____ Phone: _____ Fax: _____

Purchaser(s) represent that the following information is true and correct and hereby consents to the association's inquiry and investigation concerning this or any other information provided or deemed necessary for approval of this request. Applicant agrees that a complete background check, including credit and criminal history, may be obtained as well as any other verification of information regarding this application. Any material misstatements as to the tenant's statements contained herein may be grounds for denial.

1) LIST ALL TENANTS AND OCCUPANTS: (Maximum of 2 people per bedroom)

A) Name: _____ Phone: _____ Date of Birth: _____
SS#: _____ Email: _____
B) Name: _____ Phone: _____ Date of Birth: _____
SS#: _____ Email: _____
C) Name: _____ Phone: _____ Date of Birth: _____
SS#: _____ Email: _____
D) Name: _____ Phone: _____ Date of Birth: _____
SS#: _____ Email: _____

2) LIST ALL AUTOMOBILES: (Maximum of 2 vehicles allowed)

Make/Model/Year: _____ Color: _____ Tag #: _____
Make/Model/Year: _____ Color: _____ Tag #: _____

3) DESCRIPTION OF PET: (No dogs, one declawed cat, birds or fish allowed)

Type/Weight/Color/Etc.: _____

4) CRIMINAL HISTORY: Has any applicant or occupant ever been convicted of a crime or considered a sexual offender by any legal authority? **No** _____ **Yes** _____ If "Yes", list Person, Charges, When, Where:

5) RESIDENCE HISTORY:

A) Present Address: _____ Owned or Rented: _____
City: _____ State: _____ Zip: _____ Dates of Residency: _____

B) Present Address: _____ Owned or Rented: _____
City: _____ State: _____ Zip: _____ Dates of Residency: _____

6) MAILING ADDRESS AFTER CLOSING: _____
_____ Alternate Phone: _____

7) EMPLOYMENT HISTORY:

A) Employed by or Retired from: _____
Address: _____ Phone: _____

B) Spouse Employed by or Retired from: _____
Address: _____ Phone: _____

8) EMERGENCY CONTACT INFORMATION: (List persons to contact in case of a medical or building emergency)

A) Name: _____ Phone(s): _____
Address: _____

B) Name: _____ Phone(s): _____
Address: _____

9) PHONE CONSENT:

If you would not like to have your phone number included in the resident directory, please indicate so in the space provided. This will remain in effect until such time as revoked by you in writing.

___ No, I do NOT want my phone number published in the resident directory.

Tenant(s) states that a copy of the Condominium Documents, including Declaration of Condominium, Articles of Incorporation, By-Laws, and Rules and Regulations have been received, read, and all restrictions understood.

Approval of this request is subject to all financial obligations to the Association, including but not limited to maintenance fees, late charges, special assessments, legal fees, and application fees having been paid in full at or prior to closing.

NO OCCUPANCY SHALL OCCUR PRIOR TO THE INTERVIEW AND BOARD APPROVAL

| | |
|----------------------------|-------------|
| _____ | _____ |
| Purchaser Signature | Date |
| _____ | _____ |
| Purchaser Signature | Date |

- _____ ENCLOSE A FEE OF \$100 PAYABLE TO
"Heather Ridge West III Assoc, INC."
- _____ ENCLOSE A COPY OF THE SALES CONTRACT
- _____ ENCLOSE A COPY OF ALL DRIVER'S LICENSES
- _____ ENCLOSE SIGNED RULES AND REGS (ATTACHED)

MAIL ALL ABOVE REQUESTED INFORMATION TOGETHER TO:

**AMERI-TECH COMMUNITY MANAGEMENT, INC.
24701 US HWY 19 N, SUITE 102
CLEARWATER, FL 33763
727-726-8000**

-----**Management Use**-----

Date Rc'd: _____ Fee Rc'd: \$_____ Check #: _____ Copy of Contract Rc'd: _____

Background Check: _____ Unit Approving for Leasing: _____ To Board on: _____

-----**Association Use**-----

Interviewed By: _____ Date: _____

Approve: ___ Deny: ___ Notes: _____

HEATHER RIDGE WEST III

TENANT INFORMATION FORM

I / We _____
 prospective tenant(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 of this application. I / we understand that in 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 / ROOMATE:</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: _____ FOR HOW LONG? _____ | CURRENT ADDRESS: _____ FOR HOW LONG? _____ |
| LANDLORD & PHONE: _____ _____ | LANDLORD & PHONE: _____ _____ |
| PREVIOUS ADDRESS: _____ FOR HOW LONG: _____ | PREVIOUS ADDRESS: _____ FOR 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: _____ |

HEATHER RIDGE WEST III ASSOCIATION, INC.
ASSISTANCE/SERVICE ANIMAL REGISTRATION FORM

Animal Owner's Name: _____

Address and Unit #: _____

Contact Number: _____

Type of Assistance/Service Animal: _____

Breed and Description: _____

- A picture of the animal is required to be submitted with this form for identification purposes.

Emergency Caretaker: Name: _____

Phone Number: _____

I hereby certify that the animal is current on all licensing and vaccination requirements, and I have, understand, and agree to abide by the Association's rules and regulations pertaining to emotional support/service animals. I understand that the granted reasonable accommodation is specific to me and this animal only and that a new request for reasonable accommodation must be submitted if a different animal is requested.

If a person falsifies information or written documentation or knowingly provides fraudulent information to obtain an emotional support animal, they can be charged with a misdemeanor of the second degree.

Owner Signature

Date

Revised November 2023

**HEATHER RIDGE WEST III ASSOCIATION, INC.
ESA APPLICATION FORM**

In order for the Association to grant your request to keep a service or emotional support animal in your unit within the community, the Association requests that your medical provider, with firsthand knowledge of your disability, complete the below form. This form will be kept confidential to the extent required pursuant to the Condominium Act, Chapter 718 of the Florida Statutes. Be informed that this completed form will be submitted to the association's attorney for review.

TO BE COMPLETED BY A MEDICAL PROFESSIONAL

**DISABILITY VERIFICATION FOR SERVICE/SUPPORT ANIMAL
ACCOMMODATION**

I, _____ am a licensed physician/health care provider and I have been treating (Patient's Name) _____ for a disability since _____ my license number is: _____.

I am familiar with the Florida and Federal Fair Housing Acts which permits individuals with a disability to maintain emotional support and service animals in otherwise pet-restricted housing facilities. The Act defines a person with a disability to include: (1) individuals with physical or mental impairments; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such impairment. Under the Federal Fair Housing Act, **the disability must "substantially limit" one or more "major life activities"**. The term "major life activity" means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for oneself, learning, and speaking. (This list of major life activities is not exhaustive.)

Under normal circumstances, the Association's governing documents would require the Association to prohibit allowing the requested animal to reside within the community. However, under the Florida and Federal Fair Housing Acts, if an individual with a disability requests a reasonable accommodation, including but not limited to, keeping an animal in violation of the Association's governing documents, the association must consider the request. To do this, we must verify that the individual qualifies under the Florida and Federal Fair Housing Acts and requires an accommodation in order to have an equal opportunity to use and enjoy his/her dwelling.

Therefore, the Association requests that you respond to all of the following questions:

1. Is above named resident disabled, as defined by the Florida Fair Housing and Federal Fair Housing Acts? Yes No

2. How long have you treated the above-named resident for his/her disability?

3. When was the last time you treated the above-named resident?

4. (a) In your professional opinion, does the above-named resident need a service or support animal in order to have equal opportunity to use and enjoy his/her dwelling in Heather Ridge West III Association, Inc.?

Yes No

(b) In your professional opinion, does the above-named resident need a service or support animal in order to have equal opportunity to use and enjoy the Common Element amenities within Heather Ridge West III Association, Inc.?

Yes No

5. If the request is granted, will the above-named resident be able to observe reasonable rules that require the animal to be picked up after and kept on a leash while outside the unit/dwelling?

Yes No

If you marked "No", explain in detail why and what variance you recommend:

6. Can the above-named resident's disability be reasonably accommodated to have an equal opportunity to use and enjoy his/her dwelling and the Common Elements without the animal? Yes No

If "Yes", please describe: _____

By signing below, I acknowledge and agree that to the best of my knowledge the above information is true and accurate based on my professional medical opinion.

Signature of Medical Professional

Date

Print Name

Title

Firm/Organization

License Number

Address

Phone