

# **Seminole-on-the Green, Cavalier Building One Assoc., Inc.**

6415 1<sup>st</sup> Ave. S, St. Petersburg, FL 33707  
Phone: 727-726-8000 • Fax: 727-873-7307

This application is for:  SALE  LEASE

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

In order to ensure speedy processing of your application, please ensure that all the below items are included:

- Completed Application (2 pages) Must be Legible!
- \$150 Application Fee payable to Cavalier Building
- Background Form
- Copy of Sales Contract –or- Lease Agreement

**Incomplete applications or missing documentation will not be accepted.**

## **PURCHASER/TENANTS INFORMATION**

Applicant 1: \_\_\_\_\_ Applicant 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

Please List Any Additional Occupants: \_\_\_\_\_

Active Duty Service Member?  Yes  No

## **SALES/LEASE INFORMATION**

Closing date: \_\_\_\_\_ Sales Price: \_\_\_\_\_

Term of Lease: \_\_\_\_\_ to \_\_\_\_\_ Length: \_\_\_\_\_

Realtor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Title Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

For Buyers, this unit will be a:  Permanent Residence  Seasonal Residence  Leased Unit

## **VEHICLES**

Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

**Maximum two (2) per unit – \*\*\*No commercial trucks, vehicles exceeding ½ ton, motor homes, boats, trailers, or any other vehicle not for personal use.\*\*\***

**\*PLEASE INCLUDE CURRENT COPY OF VEHICLE INSURANCE**

## **IN CASE OF EMERGENCY**

Please contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**This is a condominium building – not an apartment, nor a resort; this will be your home – treat the property and neighbors with respect.**

If you are purchasing a unit it is your responsibility to read the Articles of Incorporation, Condominium Declaration and By-Laws. **All prospective residents must be interviewed prior to occupancy.** The building “Rules and Regulations” and assignment of parking space(s) will be discussed during the interview.

No pets of any kind – leased units must be for six (6) months or longer – units are for single family residential use only; no commercial activity.

**No Smoking in Common Areas:** Walkways, Mail Room, Elevator, Stairwells, Laundry Rooms, Trash Room, Recreation Room, Library and Exercise Room.

**Initial each of the following:**

- If purchasing – I/We are familiar with the Condominium Documents.
- If purchasing – within ten (10) days of the closing – the Association is to be provided with a copy of the Warranty Deed.
- I/We understand the Board of Directors can approve or deny this application.
- I/We understand that the acceptance for purchase or lease of a unit in the “Cavalier Building” is conditioned upon the truth and accuracy of information contained in this application. Any misrepresentation or falsification of information provided will result in denial of occupancy; by legal means if necessary.

Please be advised the Board of Directors decision is final – and they are not obliged to give a reason for denial.

Signature of Applicant(s) \_\_\_\_\_ Date: \_\_\_\_\_

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

=====For Board Use Only=====

( APPROVED ( DENIED) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Assigned Parking Spot #: \_\_\_\_\_

DATE \_\_\_\_\_

CUSTOMER NUMBER 2325 - AMERI-TECH

**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:**

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

LANDLORD &amp; PHONE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

GROSS MONTHLY INCOME: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED?  
(CIRCLE ONE) YES  NO HAVE YOU EVER BEEN EVICTED?  
(CIRCLE ONE) YES  NO **SIGNATURE:** \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**IMPORTANT**

Please complete this form and return it to Ameri-Tech with your owner/tenant application. Applications received without this form will not be processed.

**SPOUSE / ROOMMATE:**

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

LANDLORD &amp; PHONE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

GROSS MONTHLY INCOME: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED?  
(CIRCLE ONE) YES  NO HAVE YOU EVER BEEN EVICTED?  
(CIRCLE ONE) YES  NO **SIGNATURE:** \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**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