

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

6415 1st 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 & 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: _____

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & 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.

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