

Crystal Bay at Feather Sound

2333 Feather Sound Drive
Clearwater, FL 33762
Phone: (727) 572-4353 Fax: (727) 571-1868
Ameri-Tech Fax: (727) 723-1101

Checklist of Items Needed for Buying a Unit

Building and Unit Number _____

Checklist _____

Authorization Form _____

Applicant Information Form _____

Application Fee \$80.00 _____

Make check payable to: Crystal Bay

Move in Fee \$100.00 _____

Make check payable to: Crystal Bay

Copy of Driver's License _____

Or other state or government issued photo ID

Copy of Contract _____

Registration Form _____

Rules & Regulations Letter Signed _____

Pet Registration Form _____

Authorization Form

You are hereby authorized to release any and all information requested with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references to Tenant Check. This information is to be used for my/our credit report for my/our Application for Occupancy.

I/We hereby waive any privileges. I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to Ameri-Tech Community Manager, Board of Directors and The Landlord for their exclusive use only.

PLEASE INCLUDE A CLEAR COPY OF DRIVER'S LICENSE FOR REVIEW. THIS IS TO CONFIRM IDENTITY. If you do not have a Driver's License, please include a copy of your Passport or current Identification Card.

Please notify you Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application. I/We further state the Authorization Form will be signed by me/us and was not originated with fraudulent intent by me/us or any other person that the signature(s) below are my/our owner proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct. If you or the co-applicant have falsified, deliberately mislead or omitted to mention any information on your application, you may not be approved for a purchase, lease and/or occupancy.

Applicant's Signature

Date

Applicant's Printed Name

CO-Applicant's Signature

Date

Co-Applicant's Printed Name

APPLICANT 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

<u>APPLICANT INFORMATION:</u>	<u>SPOUSE / ROOMMATE:</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: _____	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 3:00 p.m. (2:00 p.m. on Sat.)WILL BE PROCESSED THE
 NEXT BUSINESS DAY

email@tenantcheckllc.com

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

Crystal Bay at Feather Sound

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REGISTRATION FORM

Association Name: Crystal Bay Condominium Association Date: _____

From: _____ To: _____
Seller **Purchaser**

Address: _____ Occupancy Date: _____

By selling your unit, owner agrees to supply the Board of Directors with a completed registration form and with a copy of the signed contract.

Persons who will occupy the above unit are as follows:
(THIS INFORMATION MUST BE PROVIDED FOR EMERGENCY CONTACT)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Employed By: _____ Address: _____

Emergency Contact Person: _____ Phone #: _____

Automobile Make: _____ Tag #: _____

Automobile Make: _____ Tag #: _____

Crystal Bay at Feather Sound

RULES AND REGULATIONS

IMPORTANT – PLEASE READ

Unit Owners are only allowed one pet per unit and pets cannot be more than 20 pounds. Renters are not allowed to have pets. Motorcycles, RV's, and commercial vehicles are prohibited. Per the Fire Department, gas grills are prohibited. However, there are grills at the clubhouse.

1. The circles in front of the buildings are for loading and unloading only with a limit of 15 minutes. Please leave flashers on during this time. Cars will be towed if parked more than 15 minutes. Also, please remind guests and contractors to park in guest spots only or their vehicles will be towed at their expense.
2. If you do not have a car sticker, please contact the office with your car information. This is to help us contact a unit owner when there are issues regarding your vehicle. We have towed resident vehicles in the past because we had no way of knowing whose vehicle it was. The charge for towing a vehicle starts at \$150.00.
3. The janitor closets are for the grocery carts. Boxes must be taken to the cardboard dumpsters between Building C and F. Please do not place any other items in those closets. **PLEASE NO FURNITURE!**
4. The trash chutes are for bagged garbage only. Trash Chutes are not for construction debris, tiles, carpet, BBQ grills, blinds, etc. If you have any household or furniture items to dispose of, please plan to have them picked up by a hauling company as we do not have any means of disposing of them. If you are having carpet installed or removed please advise the installers that they are responsible for cleaning/vacuuming the lobbies, hallways and elevators when they are finished. Do not bag recyclables.
5. Please make sure that any items you have stored in your storage unit are placed inside of your cage. Any items left on the floor of the storage bin rooms will be removed and disposed of at the owner's expense.

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RULES AND REGULATIONS

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6. When moving in or out, removing furniture or having furniture delivered there are a couple of items to remember:
 - A. You must come to the management office to reserve the freight elevator. We will pad the elevator for you and you will be given a key to properly hold the elevator door open. Not using this key and *propping* the door open causes a malfunction in the operation of both in the elevator. A deposit of \$100 (check) is required and will be returned to you when the key is returned and the pads and elevator are left with no damage.
 - B. Please do not leave your items in the common hallways. In case of an emergency these items cause a safety hazard for the people exiting the building.
 - C. Moving hours are from 9:00 AM to 9:00 PM, Monday through Saturday.
 - D. If you are having any work done in your unit you must fill out a Notification To Modify Form and the contractors must sign in at the office when they come to the buildings to do the work. All contractors, regardless of a previous relationship with Crystal Bay, must complete a contractor's package prior to the start of any job. The package must be approved by the Board of Directors and/or management prior to any work being performed. Failure to adhere to this regulation will result in the contractor being asked to leave the property and the contractor will NOT be permitted to perform services here again without advance Board/Management review and approval. Contractors are to remove ALL discarded materials from the Property. Contractors are not to use Crystal Bay dumpsters for their debris. This includes old A/C units from the roof. The public waste disposal is on 28th Street and 118th Street. The owner is responsible for notifying the contractors of the above restrictions and of the contractors' responsibility for cleaning up after themselves each day work is done in any areas impacted by their work. This includes but is not limited to lobbies, elevators, hallways and exterior of the buildings.
7. When you use the carts please remember to return them immediately to the closet you removed it from. Too many times people leave them either on their floor, in another building, or in the elevator for the next person to "hunt" it down. **Carts are to be used by residents for groceries only.**

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RULES AND REGULATIONS

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8. Please do not allow people you do not know into the building. This defeats the purpose of having a device entry system. You never know who you are letting in and you must ask yourself “why don’t they have access into the building?” Furthermore, there are too many people leaving the doors propped open. There is a reason we have limited access.
9. There are some owner’s units that we do not have keys to. Please note that if there is a maintenance emergency (for example, your unit is leaking into your neighbor’s unit or a common area) and maintenance does not have quick access to your unit or we do not have the correct phone contacts for you, we will be forced to gain access to your unit. **Any damages resulting will be at your expense.**
10. Residents, both owners and tenants must demonstrate respect for their neighbors. The number of complaints regarding noise has increased significantly. We ask that you monitor your noise levels so as not to disturb other residents. Please gently close your sliding glass and other doors. Please keep heavy objects from falling on the floors when you are above another unit. Should we receive verifiable complaints against the same resident numerous times we will be forced to seek legal remedies.
11. All exterior coverings should be white. This includes blinds, drapes, etc. which face outward.

Name: _____ Signature: _____

Name: _____ Signature: _____

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Clearwater, FL 33762
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PET REGISTRATION FORM

Unit Owner or Resident _____

Unit # _____

Type of Pet: (Please circle one) DOG CAT BIRD OTHER _____

Pet's Name _____ Pet's Age _____

Pet's Weight _____ Pet's License/ Tag Number _____

Breed (Be specific – give complete description, color etc.) _____

Please provide a full body photo of your pet.

I am aware that the Crystal Bay Condominium Association, Inc. restricts owners to one pet and that pet must weigh less than twenty (20) pounds at full maturity. No additional pets or animals shall be allowed to be kept or maintained in the condominium unit to include pets of guests. No pets will be allowed for renters. Sign and date below whether you *are* registering a pet, or *not*.

Signature _____

Date _____

PLEASE RETURN REGISTRATION FORM WITH PHOTO TO THE MANAGEMENT OFFICE