

RESIDENTIAL APPLICATIONS
Country Club Villas Condo Assoc. Inc

c/o MC Homes Realty, Inc
1155 Pasadena Ave S Suite H, South Pasadena, FL 33707
Phone 727-432-2181 / Fax 727-490-2938

All Fees are Non-Refundable

An application is incomplete if it does not fulfill all the requirements and must include all fees.

- 1. Association Application Fee: \$50.00 for lease or sale;
- 2. Background Check Fee: \$65.00 for each applicant over 18 years old.

Fee 1. Pay by check or money order payable to Country Club Villas Condo Assoc. Inc

Fee 2. Pay online at: <https://countryclubvillas.foamch.com/index.asp>

SALE **NEW LEASE** **LEASE RENEWAL**

This Agreement is entered into as of the ____ day of ____, 20____, between____ **Country Club Villas Condo Assoc. Inc** and _____ (“Owner/Tenant”).

IF SALE: Closing Date: _____ **IF LEASE:** Lease Term START ___/___/___ END ___/___/___

Property Address to be Purchased/Leased _____ Corinne Ct. S, Saint Petersburg, FL 33712

Unit Number: _____ Current Unit Owner Name: _____

APPLICANT

NAME: _____
First Name Middle Name Last Name

CURRENT ADDRESS: _____

PHONE: _____ - _____ - _____ EMAIL: _____

Providing your email address authorizes the Board of Directors and MC Homes to provide notice of relative Association business and to deliver information to you by electronic transmission.

DATE OF BIRTH: | | DRIVER'S LICENSE NO. _____ STATE: _____

Owner Occupied: ____ Yes ____ No
____ Part-time ____ Full-time

If No, Mailing Address: _____

If you have a spouse/roommate, please fill out the last page of the application with their information as well.

ADDITIONAL OCCUPANTS

(if additional occupants are over 18 years of age, provide all information as requested for application)

NAME: _____ AGE: _____ RELATIONSHIP: _____
NAME: _____ AGE: _____ RELATIONSHIP: _____
NAME: _____ AGE: _____ RELATIONSHIP: _____

Emergency Contact:

Name: _____ Relationship: _____
Phone: _____ Email: _____

PETS (1 dog, cat, or fish aquarium; (10gal max or less;Maturity Weight: MAX 25lbs)

NAME: _____ TYPE: _____ BREED: _____

AGE: _____ WEIGHT: _____ HEIGHT: _____ COLOR: _____

NAME: _____ TYPE: _____ BREED: _____

AGE: _____ WEIGHT: _____ HEIGHT: _____ COLOR: _____

AUTOMOBILE

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

LICENSE TAG NUMBER: _____ STATE of TAG issue: _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

LICENSE TAG NUMBER: _____ STATE of TAG issue: _____

NOTE ABOUT INCOMPLETE APPLICATIONS:

All applications must be completed, incomplete applications submitted will not be processed. If the applicant fails to adhere to submit the full application package, the application will be considered automatically cancelled.

An application is incomplete if it does not include all required forms, fees, and documents, such as but not limited to, a lease or sales contract.

PROCESSING FEES:

1. Association Application Fee of \$50.00 (for lease or sale);
2. Background Check Fee of \$65.00 for each proposed occupant over 18 years old.
(to MC Homes Realty, Inc @ <https://countryclubvillas.hoamch.com/index.asp>).

REQUIRED DOCUMENTS

- A. For all applicants, a copy of your I.D.
- B. A sale contract or a lease agreement.
- C. As applicable: Current vaccination certificates and pictures of your pet. If you have a service dog, we will also need the proper documentation submitted.

If renewal of existing lease, an executed copy of the lease renewal must be submitted to the Association at least thirty (30) days before the commencement of the new lease term.

A background check, performed by the Association, is required for all applicants.

Current vaccination certificates required at interview for all pets, as applicable.

THE APPLICANT HEREBY CONFIRMS COMPLETENESS AND ACCURACY OF THIS INFORMATION AND AFFIRMS THAT HE OR SHE HAS RECEIVED AND READ THE RULES AND REGULATIONS, AND AGREES TO ABIDE BY SAME. IF THE APPLICANT IS A PURCHASER, HE OR SHE ALSO CONFIRMS THAT THEY HAVE RECEIVED AND READ THE CONDOMINIUM GOVERNING DOCUMENTS AND AGREES TO ABIDE BY SAME.

Date

Print Name

Signature of Purchaser | Lessee

Print Name

Signature of Spouse | Roommate

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I/ we, _____, prospective buyers/tenants property located at _____, Unit # _____ authorize "Association", to take the necessary steps to verify the information submitted by the above named applicant(s). The Applicant(s) represent to the Association that all the personal information provided for herein is true, accurate and complete to the best of the Applicant(s) knowledge. Applicant(s) further understand and agree that if any such information is not as represented, then Applicant(s) may, at the Association's sole discretion, be disqualified as an owner or tenant. Applicant(s) authorize the Association, agents or representatives to make any and all inquiries necessary to confirm given information, including but not limited to contacting present and past employers, landlords, credit bureaus, personal references, and any and all sources of information which the Association may deem necessary and appropriate. The undersigned acknowledges receipt of a copy of the RULES AND REGULATIONS for the Association and agrees to comply with the principles governing the management of the "Association".

INITIAL BELOW

- ___ I have read the Associations Governing Documents including the Rules and Regulations.
- ___ I fully understand that the unit can only be used for *residential* purposes.
- ___ I understand each unit has one in-garage space and one parking space in front of the garage. There is no other resident parking.
- ___ I understand that garage doors are to be kept closed at all times when not in use.
- ___ I understand the only location garbage may be placed outside is in the community dumpster.
- ___ I understand that pet owners must be in control of their pets at all times and are responsible for cleaning up after their pets.
- ___ I understand that only **(1 dog, cat, or fish aquarium (10gal max or less;Maturity Weight: MAX 25lbs)**. The pet cannot be kept on Common Elements.
- ___ I understand that the unit may only be occupied by *only* those listed on the application.
- ___ I understand the maintenance and repair responsibility that is listed in the Governing Documents.

Rental Unit:

- ___ I understand that if I have a complaint, or issue concerning maintenance or otherwise in regards to my unit, I have to contact my landlord. Not the Association Management.
- ___ I understand that if a lease renewal is not submitted before the end of lease term, my information will be taken off the associations roster and I will no longer have access to the property (gate entry or security door entry) or notified of critical information.

Signature of Purchaser I Lessee

Date

Signature of Spouse / Roommate

Date

Applicant Approved/ Date: _____ Applicant Rejected/ Date: _____

Association Representative Name/Title

Association Representative Name/Title

Association Representative Signature Date

Association Representative Signature Date

BUYER / TENANT INFORMATION FORM

THIS FORM MUST BE COMPLETED FOR ALL APPLICANTS OVER 18 YEARS OLD.

I, We _____ prospective
tenant(s) / buyer(s) for the property located at _____ Corinne Ct. S, St. Petersburg, FL 33712.

Managed By: MC Homes Realty, Inc, **Owned By:** _____

Hereby allow MC Homes Realty, Inc 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 that MC Homes Realty has made an inquiry. I/ we cannot claim any invasion of privacy or any other claim that may arise against MC Homes Realty now or in the future.

PLEASE PRINT CLEARLY

| BUYER/ TENANT INFORMATION | SPOUSE / ROOMMATE |
|--|--|
| [] SINGLE [] MARRIED | [] SINGLE [] MARRIED |
| FULL NAME: _____ | FULL NAME: _____ |
| SOCIAL SECURITY NUMBER: _____ | SOCIAL SECURITY NUMBER: _____ |
| DATE OF BIRTH: _____ | DATE OF BIRTH: _____ |
| DRIVER'S LICENSE NO: _____ | DRIVER'S LICENSE NO: _____ |
| CURRENT ADDRESS: _____ | CURRENT ADDRESS: _____ |
| HOW LONG LIVING IN THIS ADDRESS: _____ | HOW LONG LIVING IN THIS ADDRESS: _____ |
| NAME OF LANDLORD: _____ | NAME OF LANDLORD: _____ |
| LANDLORD PHONE NUMBER: _____ | LANDLORD PHONE NUMBER: _____ |
| PREVIOUS ADDRESS: _____ | PREVIOUS ADDRESS: _____ |
| HOW LONG LIVING IN THIS ADDRESS: _____ | HOW LONG LIVING IN THIS ADDRESS: _____ |
| NAME OF LANDLORD: _____ | NAME OF LANDLORD: _____ |
| LANDLORD PHONE NUMBER: _____ | LANDLORD PHONE NUMBER: _____ |
| EMPLOYER: _____ | EMPLOYER: _____ |
| OCCUPATION: _____ | OCCUPATION: _____ |
| GROSS YEARLY INCOME: _____ | GROSS YEARLY INCOME: _____ |
| LENGTH OF EMPLOYMENT: _____ | LENGTH OF EMPLOYMENT: _____ |
| WORK PHONE NUMBER: _____ | WORK PHONE NUMBER: _____ |
| HAVE YOU EVER BEEN ARRESTED? [] YES [] NO IF YES, PLEASE SEND A LETTER OF EXPLANATION. | HAVE YOU EVER BEEN ARRESTED? [] YES [] NO IF YES, PLEASE SEND A LETTER OF EXPLANATION. |
| HAVE YOU EVER BEEN CONVICTED? [] YES [] NO | HAVE YOU EVER BEEN CONVICTED? [] YES [] NO |
| SIGNATURE: _____ | SIGNATURE: _____ |
| DATE: _____ | DATE: _____ |

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.