

RESIDENTIAL APPLICATIONS
North East Garden Apartments Condominium Association, 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: \$100.00 each (unless married couple);
2. Background Check Fee: \$65.00 each applicant over 18 years old.

A complete application must include all applicable fees that are due, including processing fees:

Fee 1. Pay by separate check payable to North East Garden Apts Condo Assoc, Inc

Fee 2. Pay online at: <https://negardens.hoamch.com/>

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

This Agreement is entered into as of the ____ day of ____, 20____, between **North East Garden Apartments Condominium Association, Inc** and _____ ("Owner/Tenant").

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

Property Address to be Purchased/Leased _____

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: I I 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 (3 small caged birds; small marine animals; two (2) cats no more than 15lbs)

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: All fees are non-refundable

1. Association Application Fee of \$100.00 each (unless married couple);
2. Background Check Fee of \$65.00 for each proposed occupant over 18 years old.
(to MC Homes Realty, Inc @ <https://negardens.hoamch.com/>).

REQUIRED DOCUMENTS

- A. For all applicants, a copy of your I.D.
- B. A sale contract or a lease agreement.
- C. As applicable, Pet Documentation: Current vaccinations, up-to-date Pinellas County License, picture of your pet and (if Service/ESA) doctor's letter of Service/ESA 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 I Lessee

Print Name

Signature of Spouse I 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 Rules and Regulations.

___ I fully understand that the unit can only be used for *residential* purposes.

___ I understand that only **(3 small caged birds; small marine animals; two (2) cats no more than 15lbs)** are allowed.

___ 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 regarding 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 _____

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
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SEND A LETTER OF EXPLANATION.	HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SEND A LETTER OF EXPLANATION.
HAVE YOU EVER BEEN CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> 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.