RESIDENTIAL APPLICATION Les Chateaux Des Rois, Inc No I, A Condominium

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 for lease or sale;

\$65.00 for each applicant over 18 years old. Background Check Fee: Fee 1. Pay by separate check payable to Les Chateaux Des Rois, Inc No I, A Condominium Fee 2. Pay online at: https://leschateaux.hoamch.com/ [] SALE [] NEW LEASE [] LEASE RENEWAL This Agreement is entered into as of the _____ day of _____, 20_____, between Les Chateaux Des Rois, Inc No I, A Condominium 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 DRIVER'S LICENSE NO._____ STATE: ____ <u>vner Occupied:</u> Yes ____ N ____ Part-time ____ Full-time Owner Occupied: 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 (Max 15lbs; 1 dog or 2 cats)					
			BREED:		
AGE:	WEIGHT:	HEIGHT:	COLOR:		
NAMF:		TYPF.	BREED:		
AGE:	WEIGHT:	HEIGHT:	COLOR:		
			COLOR:		
LICENSE TA	G NUMBER:	SIA	ATE of TAG issue:		
YFAR [.]	MAKF.	MODEL:	COLOR:		
			TE of TAG issue:		
automatically An application	cancelled.	oes not include all ntract.	package, the application will be considered required forms, fees, and documents, such as but		
All Fees are Non-Refundable PROCESSING FEES: 1. Association Application Fee: \$100.00 for lease or sale; 2. Background Check Fee: \$65.00 for each applicant over 18 years old. (to MC Homes Realty, Inc @ https://leschateaux.hoamch.com/).					
A. <u>For al</u> B. <u>A sale</u> C. <u>As ap</u>	DOCUMENTS I applicants, a copy of contract or a lease plicable, Pet Docume of your pet and documents.	agreement. entation: Current va	accinations, up-to-date Pinellas County License, ce/ESA submitted.		
Association a A background	it least thirty (30) day d check, performed b	rs before the common the Association,	lease renewal must be submitted to the encement of the new lease term. is required for all applicants. for all pets, as applicable.		
THAT HE OR S	HE HAS RECEIVED ANI	O READ THE RULES A HE OR SHE ALSO CO	D ACCURACY OF THIS INFORMATION AND AFFIRMS AND REGULATIONS, AND AGREES TO ABIDE BY SAME DNFIRMS THAT THEY HAVE RECEIVED AND READ THE O 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, Unit # authorize "Association", to take			
the necessary steps to verify the informatic Applicant(s) represent to the Association the accurate and complete to the best of the A agree that if any such information is not as sole discretion, be disqualified as an owner presentatives to make any and all inquirillimited to contacting present and past empany and all sources of information which the undersigned acknowledges receipt of a contaction of the	on submitted by the above named applicant(s). The that all the personal information provided for herein is true, Applicant(s) knowledge. Applicant(s) further understand and is represented, then Applicant(s) may, at the Association's er or tenant. Applicant(s) authorize the Association, agents or ries necessary to confirm given information, including but not ployers, landlords, credit bureaus, personal references, and the Association may deem necessary and appropriate. The pay of the RULES AND REGULATIONS for the Association governing the management of the "Association".			
	INITIAL BELOW			
Trailers I fully understand that the unit can only I understand that only (Max 15lbs; 1 c I understand that the unit may only be	merecial trucks or vehicles, motorcycles, RV's, Boats or ly be used for <i>residential</i> purposes.			
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 I 8 YEARS OLD.

I, We		prospective
tenant(s) / buyer(s) for the property located		
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:	
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.