

APPROVAL REQUEST FOR OWNERSHIP TRANSFER

Marilyn Pines I Condominium Association, Inc.

Marilyn Pines I Condominium Association, Inc. is a 55 and older community. In Accordance with required regulations the unit must be occupied by at least one person 55 years of age or older. No person under the age of twenty five (25) is allowed to reside in Marilyn Pines I Condominium Association, Inc. Date of Birth must be verified. Applicants must include a copy of their driver's license or other official government identification.

This request for approval of ownership transfer must be in the possession of:

Ameri-Tech Community Management Partners, LLC

(10) days prior to required time for approval. A copy of the completed sales agreement, copy of identification proving age and \$150 check payable to Marilyn Pines I Condominium Association, Inc. must accompany this application. Applicants must read the Rules and Regulations before the interview. Applicants must be interviewed prior to occupancy. Contact Ameri-Tech Community Management, Inc. at 727-726-8000 to schedule the required interview.

FROM: _____ TO: _____
SELLER PURCHASER

PROPERTY ADDRESS: _____

CLOSING DATE: _____

CLOSING COMPANY: _____

CELL PHONE# _____ EMAIL _____

CLOSING COMPANY CONTACT PERSON _____

REAL ESTATE COMPANY _____

REAL ESTATE AGENT _____

CELL PHONE# _____ EMAIL _____

Purchaser(s) represent that the following information is true and correct, and consent to your further inquiry and investigation concerning this information or any information, which comes from that inquiry which is necessary for approval of this request. Applicant agrees to a complete credit and background check including criminal records, and any verification of information regarding this application.

MARILYN PINES I CONDOMINIUM ASSOCIATION, INC.

Are you considered a sex offender by any state or country? _____ Have you ever been convicted of a felony? _____ If yes, attach complete information regarding this status.

Is unit to be used as part time residence? ____ OR full time residence? ____

Marilyn Pines I Condominium Association, Inc. Leasing Restrictions: Minimum lease to be not less than three (3) months.

Is unit to be leased or occupied by anyone other than purchaser? _____ If unit is to be leased, purchaser agrees to provide Ameri-Tech Community Management Partners, LLC a completed application for lease, copy of lease, \$100.00 application fee payable to Marilyn Pines I Condominium Association ten (10) days prior to occupancy. Tenant must be interviewed prior to occupancy.

Purchasers of the above unit are as follows:

NAME: _____ DATE OF BIRTH _/ _/ _ SS# _____

NAME: _____ DATE OF BIRTH _/ _/ _ SS# _____

NUMBER OF PERSONS TO OCCUPY UNIT ____ ADDITIONAL PURCHASERS OR PERSONS

PROVIDE NAME, DATE OF BIRTH, SS# AND RELATIONSHIP ON BOTTOM PAGE 3.

PRESENT ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

MAILING ADDRESS IF DIFFERENT: _____

EMPLOYER NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

EMERGENCY CONTACT(S) NAME & PHONE #: _____

Marilyn Pines I Condominium Association, Inc.

BANK REFERENCE _____

AUTOMOBILE Make/Model _____ Tag# _____ State _____

AUTOMOBILE Make/Model _____ Tag# _____ State _____

Refer to Article VIII: Car Parking in Rules and Regulations

PET: One dog or cat only. Must be less than five (5) pounds Breed _____ Weight _____

Refer to Article V: Pets

By Signing below, Purchaser(s) attests that a copy of Condominium/Homeowner Documents, including Declaration of Condominium/Homeowner Articles of Incorporation, By Laws, and Declaration of Condominium/Homeowner Articles of Incorporation, By Laws, and Rules & Regulations have been received, read, and understood and agree to abide by all the conditions and terms therein and all reasonable rules and regulations hereafter enacted officially by the Association.

Copy of Sales Agreement is attached. ___ \$150 Fee Paid. ___ Copy of 55+ ID _____

PURCHASER SIGNATURE _____ DATE _____

PURCHASER SIGNATURE _____ DATE _____

APPROVAL PROCESS REQUIRES AN INTERVIEW AND WRITTEN APPROVAL WITH ALL PURCHASERS AND PERSONS OCCUPYING OF UNIT.

**A FEE OF \$150.00 IS REQUIRED FOR PROCESSING THIS APPLICATION
MAKE PAYMENTS PAYABLE TO MARILYN PINES II CONDOMINIUM ASSOCIATION.**

--

Interviewed By _____ Date _____

MARILYN PINES I CONDOMINIUM ASSOCIATION, INC.

Are you considered a sex offender by any state or country?_____Have you ever been convicted of a felony?_____If yes, attach complete information regarding this status.

Is unit to be used as part time residence?_____ OR full time residence?_____

Marilyn Pines I Condominium Association, Inc. Leasing Restrictions: Minimum lease to be not less than three (3) months.

Is unit to be leased or occupied by anyone other than purchaser?_____If unit is to be leased, purchaser agrees to provide Ameri-Tech Community Management Partners,LLC a completed application for lease, copy of lease, \$150.00 application fee payable to Marilyn Pines I Condominium Association ten (10) days prior to occupancy. Tenant must be interviewed prior to occupancy.

Purchasers of the above unit are as follows:

NAME:_____ DATE OF BIRTH _/ _/ _ SS#_____

NAME:_____ DATE OF BIRTH _/ _/ _ SS#_____

NUMBER OF PERSONS TO OCCUPY UNIT_____ADDITIONAL PURCHASERS OR PERSONS
PROVIDE NAME, DATE OF BIRTH, SS# AND RELATIONSHIP ON BOTTOM PAGE 3.

PRESENT ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

MAILING ADDRESS IF DIFFERENT: _____

EMPLOYER NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

EMERGENCY CONTACT(S) NAME & PHONE #: _____
