

FOX CHASE Townhomes Unit A

SALE/LEASE APPLICATION

AMERITECH COMMUNITY MANAGEMENT, INC. 6415 1st Avenue South St Petersburg, FL 33707

Mail/Drop off at above address or email to: kreynolds@ameritechmail.com (727) 726 8000

- Instructions:
1. If applicant(s) are not legal related a separate application must be submitted for each occupant,
 2. Print legibly or all information. Account and telephone numbers are required.
 3. If any question(s) or answers are left blank; this application will be denied.
 4. Only the applicant(s) may sign all forms.
 5. **Any misrepresentation or falsification will result in a denial of the application.**

APPLICATION FOR OF OCCUPANCY APPROVAL			
PRINT OR TYPE: Check one: Purchase: Lease: How long:			
Unit No.	Condo No.	Address of Unit:	
Date of Application:		Planned Date of Occupancy:	
Name:	Date of Birth	Social Security #	
Spouse:	Date of Birth	Social Security#	
Single: ___ Married: ___ Widow(er): ___ Separated: ___ Divorced ___			Maiden Name:
# of people who will occupy the unit:		Adults (18 and over):	Children under 18:
Names and ages of children who will occupy unit:			
Description of Pets (Breed, Size, Weight, etc.)			
In case of emergency notify?			

RESIDENCE HISTORY

A. Present Address:		City:	State:	Zip code:
Home Phone#:	Work Phone#	Dates or residency: From: To:		
Cell Phone # :				
EMAIL:				
Name of Landlord:		Landlord's Phone#:		
Landlord's Address:		City:	State:	Zip code:
B. Previous Address:		City:	State:	Zip code:
Home Phone#:	Work#	Dates or residency: From: To:		
Name of Landlord:		Landlord's Phone#:		
Landlord's Address:		City:	State:	Zip code:
C. Prior Address:		City:	State:	Zip code:
Home Phone #:	Work#	Dates or residency: From: To:		
Name of Landlord:		Landlord's Phone#:		
Landlord's Address:		City:	State:	Zip code:

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EMPLOYMENT & BANK REFERENCES

A. Employed by:		Phone#:
How Long:	Title:	Monthly Income:
Address:	City:	State: Zip code

B. Spouse's Employment:		Phone#:
How Long:	Job Title:	Monthly income:
Address:	City:	State: Zip code

I. Name:	Reside#:	Work#:
Address:	City:	State: / Zip code
2. Name:	Reside#:	Work#:
Address:	City:	State: / Zip code

Make:	Model:	Year:	Plate#:	Color:	State:
Make:	Model:	Year:	Plate#:	Color:	State:
1. Driver's License#:					State:
2. Driver's License#					State:

Contact Ameritech Community Management Inc. DAVID FEDASH @727-726-8000

EMAIL TO KREYNOLDS@AMERITECHMAIL.COM

Fax TO: 727-873-7307