

THE GABLES CONDOMINIUM ASSOCIATION
Ameri-Tech Community Management
6415 1st Avenue South, St. Petersburg, FL 33707
Phone: 727-726-8000 Fax: 727-873-7307
dfedash@ameritechmail.com

APPLICATION FOR SALE / LEASE OR NOTIFICATION OF OCCUPANCY

To help speed up processing of your application or residence, please fill in all the information requested on both pages of this form.
Approval by the Board of directors is necessary before taking residence.

30 DAYS MINIMUM FOR RENTALS

A check made out to The Gables for the application fee of \$100.00 and \$50 processing fee along with the completed application must be submitted to:

Ameri-Tech Community Management at 6415 1st Avenue South, St. Petersburg, FL 33707

for processing prior to taking occupancy. A copy of the lease must be submitted with the application if applicable.

DATE: _____ UNIT #: _____

OWNER: _____
Please Print First and Last Name

OWNER: _____
Please Print First and Last Name

PROPOSED DATE OF OCCUPANCY: FROM: _____ TO: _____
MONTH /DAY /YEAR MONTH /DAY/ YEAR

IS APPLICANT A PREVIOUS RENTER AT THE GABLES. YES _____ NO _____

LAST RENTAL DATE: _____ UNIT OF OWNERS SIGNATURE _____

PROVIDE THE FOLLOWING INFORMATION FOR RENTER / OCCUPANT
(Names of ALL occupants intending to occupy is required)

PLEASE PRINT

OCCUPANT 1: _____
LAST FIRST MIDDLE PHONE#

OCCUPANT 2: _____
LAST FIRST MIDDLE PHONE#

OTHER UNIT OCCUPANTS _____

PET ONE: _____
TYPE OF ANIMAL BREED COLOR NAME WEIGHT

PET TWO: _____
TYPE OF ANIMAL BREED COLOR NAME WEIGHT

Name and phone # of most recent landlord (if less than six months, please provide name and phone # of last two landlords)

NAME PHONE # NAME PHONE #

VEHICLE: _____ TAG: _____ STATE: _____

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Consult vehicle parking rules SPECIFICALLY FORBIDDEN VEHICLES WITH EXPIRED TAGS, PARKING IN UNAUTHORIZED SPACES, AAND PARKING ON GRASS. No boats, oversized vehicles such as RV's or commercial vehicles are allowed.

\$100.00 Application and \$50.00 processing fee received: DATE: _____ CHECK #: _____

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IN CASE OF EMERGENCY, PLEASE CONTACT:

| NAME | ADDRESS | PHONE # |
|------|---------|---------|
|------|---------|---------|

NOTICE TO APPLICANTS AND APPLICANT SIGNATURES

- A. I acknowledge receipt (provided by Owner) of a copy of the Community Policies and hereby agree to abide by them, together with any amendments thereto
- B. I understand that a violation of the Community Policies can result in revocation of approval, and I will thereupon be required to vacate premises within fifteen (15) days.

DATE : _____

APPLICANT SIGNATURE: _____

CO-APPLICANT SIGNATURE : _____

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AS OWNERS

- A. As Homeowner, I have verified all the information on this application and found it to be true and correct.
- B. I understand that should any problem arise out of leasing/rental of my condominium; the Association may deem it necessary to engage legal counsel to intervene on its behalf I will assume responsibility for the costs of this action.
- C. I will make certain that no tenant will occupy my condominium until, or unless this application is first approved and signed by the Board of Directors – up to seven working days required. Approval is contingent upon all financial matters with the Condominium Association – including, but not limited to, maintenance fees, assessments, late fees, fines, etc. being paid in full through the date of approval.

DATE: _____

OWNER / AGENT SIGNATURE: _____

APPROVED: _____
BOARD OFFICER / DATE

BOARD OFFICER / DATE

DISAPPROVED: _____
BOARD OFFICER / DATE

BOARD OFFICER / DATE

REASON DISAPPROVED:

