

COUNTRYSIDE KEY HOMEOWNERS ASSOCIATION, INC.

SALE / OWNER TRANSFER INFORMATION SHEET

****NOTE**** A non-refundable processing fee for the amount of \$ 100.00 must accompany the application. This application must be submitted at least 20 days prior to expected date of occupancy or of closing, along with a \$100.00 processing fee payable to Countryside Key HOA. A \$50.00 additional fee can be attached for a rush application.

Application Date	Closing Date	Selling Price \$	Unit #
------------------	--------------	------------------	--------

Seller Name: _____ Seller Name: _____

BUYERS INFORMATION

Buyer Name:		Date of Birth:	
Social Security #:		Drivers License #:	
Current Address:			How Long?
Phone:	Cell:	E-mail:	
Buyer Name:			Date of Birth:
Social Security #:		Drivers License #:	
Current Address:			How Long?
Phone:	Cell:	E-mail:	

*****NOTE*****PER THE AMENDMENT RECORDED ON 4/27/2004 IN OFFICIAL RECORDS BOOK 13530, PAGE 1204, OF THE PUBLIC RECORDS OF PINELLAS COUNTY, THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS OF COUNTRYSIDE KEY **SECTION 26 LEASING DOES NOT PERMIT A UNIT TO BE LEASED OR RENTED BY AN OWNER FOR ONE (1) YEAR FOLLOWING THE DATE OF CLOSING ON THE PURCHASE OF THE UNIT.**

Contact information for Real Estate Agent handling transaction:

Agent Name:	Company Name:	Office Phone #:
Email Address:		Cell #:

VEHICLE INFORMATION ***There is only one numbered designated parking spaced per unit. Second vehicle must be parked in a visitor space. All vehicles must be in operable condition and possess valid tags.

Year/Make/Model	State/Tag	Year/Make/Model	State/Tag

PET INFORMATION (No more than two allowed)

Pet Type	Breed	Weight	Name	Pet Type	Breed	Weight	Name

PLEASE NOTE: BUYER MUST OBTAIN THE FOLLOWING

1. _____ Pool Key \$15 (access to pool, pool bathrooms, tennis courts and back gate)
2. _____ Mailbox Key (if not provided Countryside Locksmith can provide new key at owners expense)
3. _____ Monthly Maintenance Fee Coupon Booklet
4. _____ Association Documents including Rules and Regulations

I/We declare without reservation that the above information is true and accurate. I/We hereby acknowledges receipt of the governing Declarations of Covenants, Conditions and Restrictions of the Association and the Rules and Regulations, have read, understand and agree to abide by the Association's Rules and Regulations. I/We also understand and agree to accept the delinquent account collection procedures by the Association.

_____ New Owner Signature	_____ New Owner Signature
------------------------------	------------------------------

CUSTOMER NUMBER 2325 - AMERI-TECH

PROPERTY / ASSOCIATION - _____

BACKGROUND INFORMATION FORM

DATE: _____

I / We _____, prospective
tenant(s) / buyer(s) for the property located at _____,

Managed By: _____ Owned By: _____,

Hereby allow TENANT CHECK 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 the TENANT CHECK has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

PLEASE PRINT CLEARLY

INFORMATION:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

_____ HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

_____ HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

_____ HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

_____ HOW LONG? _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

TENANT CHECK HOURS OF OPERATION:

MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.

SATURDAY : 11:00 a.m. - 4:00p.m.

ALL ORDERS RECEIVED AFTER 5:00 p.m. (3:30 p.m. on Sat.) WILL BE PROCESSED THE
NEXT BUSINESS DAY

TENANT CHECK FAX #: (727) 942-6843

**IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A
SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE
REPORT.**

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR
REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES /
MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS