

COUNTRYSIDE KEY HOMEOWNERS ASSOCIATION, INC.

A Deed Restricted Community

HOA RENTAL REGISTRATION/APPROVAL FORM INSTRUCTIONS

All pages of this application must be completed in detail by the applicant(s).

- No owner can lease their unit unless they have owned it for a minimum of one (1) year.
- If any question is not answered or left blank, this application may be returned, which will result in a delay in approval.
- A copy of the signed lease must be attached to this completed application.
- All leases will be for a term of not less than 12 months, there shall be no subleases. All leases must be for a single family residence.
- A legible copy of driver license for all persons 18 years and older must be attached
- All applicants over 18 will have a national background check performed
- A non-refundable processing fee for the amount of \$100.00 must accompany the application per person over 18 (If married couple, only \$100 is required) No personal checks accepted.
- Application must be signed and dated by the Applicant(s).
- No applications will be received by fax or E-mail
- Please return completed application to:
Ameri-Tech Community Management, Inc.
24701 US Highway 19 N, Suite 102
Clearwater FL 33763
- ALLOW 5 - 7 BUSINESS DAYS FOR PROCESSING
- A \$50.00 additional fee can be attached for a rush application

It is responsibility of each Unit Owner to comply with the Association leasing procedures and to submit a rental application for approval.

Unit Owners and Tenants who do not comply with the rules and regulations of the Association will be subject to penalties and initiation of legal proceedings.

Applicant agrees to obtain from unit owner a copy of the Declarations of Covenants, Conditions and Restrictions and Rules and Regulations as well as Adheres and Amendments to them.

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HOA RENTAL REGISTRATION/APPROVAL FORM

Rental Unit Address _____

Name of current owner(s) _____

Permanent address of owner(s) _____

Owners Phone _____ Cell _____

Work Phone _____ E-mail _____

APPLICANT'S INFORMATION

Applicants Name _____

SS# _____ DOB _____ Age _____

Applicant's address _____

Phone _____ Cell _____

E-mail _____

CO-APPLICANT'S INFORMATION

Co-applicant's Name _____

SS# _____ DOB _____ Age _____

Co-Applicant's address _____

Phone _____ Cell _____

E-mail _____

CO-APPLICANT'S INFORMATION

Co-applicant's Name _____

SS# _____ DOB _____ Age _____

Co-Applicant's address _____

Phone _____ Cell _____

E-mail _____

CO-APPLICANT'S INFORMATION

Co-applicant's Name _____

SS# _____ DOB _____ Age _____

Co-Applicant's address _____

Phone _____ Cell _____

E-mail _____

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RENTAL APPLICATION – LEASE TERM _____ TO _____
Start Date End Date

PLEASE LIST ALL OCCUPANTS (ADULTS AND CHILDREN WHO WILL RESIDE AT THE RESIDENCE IF APPROVED)

Name	Relationship to Applicant	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

VEHICLE INFORMATION

Make	Model	Year	Color	Tag	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PET INFORMATION

Pet type _____ Breed _____ Weight _____ Name _____
Pet type _____ Breed _____ Weight _____ Name _____

Please provide picture of pet(s) and pet records from veterinarian.

PREVIOUS ADDRESSES AND REFERENCES

Name _____
Contact Phone Number _____ E-mail _____
Address _____
Time period lived there _____ to _____ Own or Rent
Reason for leaving _____
Name _____
Contact Phone Number _____ E-mail _____
Address _____
Time period lived there _____ to _____ Own or Rent
Reason for leaving _____

