

CULBREATH KEY CONDOS - APPLICATION

- Nick Smyka – REALTOR – Pristine Bay Realty

Call: 813-598-3134 – Fax: 813-251-7290 – Email: Nick@Nick123.com

Mail: 1550 W. Cleveland St., Tampa, FL 33606

*****FindTampaApartments.com (Nick123.com)**

I/We hereby allow Pristine Bay Realty, Nick Smyka and/or the property owner and/or the HOA to inquire into my/our credit file, criminal, rental and employment/income history. If I/We apply to rent, are approved, pay a security deposit, and change plans and do not move in, then the deposit is not refundable. I/We understand that on my/our credit file it will appear that Pristine Bay Realty or the HOA has made an inquiry. I/We cannot claim any invasion of privacy against them now or in the future, as I/We are freely choosing to disclose this information.

Please complete the attached application and send to NICK:

FAX to Nick- ... 813-251-7290

OR EMAIL to- ... Nick@Nick123.com

OR MAIL to- ... Nick Smyka, 1550 W. Cleveland St. #2, Tampa, FL 33606

\$125 Application Fee Required/Adult – payable to: “NICK SMYKA”

Debit/credit cards accepted.. Call Nick to pay... 813-598-3134

Cash accepted in person

Money Orders/Cashier’s Checks/Personal Check accepted by mail or in person

NOTE: REQUIRED- Please provide income documents-- paystubs and/or letters of employment.

List the Rental You are Applying for (if known):

Approximate Move in Date:

Requested Lease Term:

List Pets:

-Type (-cat -dog, list breed)-

-Weight-

-Note: It is standard for owners to require \$250-\$300 for pet deposits

TENANT: Print: _____ Sign: _____ Date: _____

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CULBREATH KEY BAYSIDE CONDOMINIUM ASSOCIATION, INC.

5000 Culbreath Key Way, Tampa, FL 33611

Phone (813) 835-8191, Fax (813) 835-8361

| | |
|--|---|
| Processing of this application requires a check, made payable to the Culbreath Key Bayside Condominium, in the amount of \$100.00 (Lease or Sale). The Board requires a minimum of five (5) working days, from receipt, for processing. | _____ Board Approval / _____ Date |
|--|---|

DATE: _____ APPLICATION: Sale Lease Renewal

This application will not be processed unless it is completely filled in, a copy of the lease or sales agreement is attached, and a check in the proper amount payable to the CULBREATH KEY CONDOMINIUM.

Purchaser / Renter represents that the information provided herein is true and correct and hereby consents and authorizes, by my signature, the release of public records, credit report, employment verification, rental or lease information, whether by fax, verbal, photo copy or original signature, to the Association's Board of Directors or its agent now or in the future.
Signature: _____ Date: _____

BUYER SHOULD REVIEW AND BECOME FAMILIAR WITH THE LEASING RESTRICTIONS CONTAINED IN THE DECLARATION AND THE ASSOCIATION'S PROGRAM REGARDING THE GRANDFATHERING OF EXISTING LEASE AND SUBLEASE AGREEMENTS. THERE IS A MORATROIUM ON THE LEASING OF UNITS AT CULBREATH KEY. BUYERS MUST OBTAIN WRITTEN VERIFICATION FROM THE ASSOCIATION REGARDING THE GRANDFATHERED STATUS OF THEIR UNIT. THE ASSOCIATION IS NOT RESPONSIBLE FOR BUYER'S FAILURE TO REVIEW THE LEASING RESTRICTIONS AND GRANDFATHERING PROGRAM.

Occupancy Date: (from) _____ (to) _____
Sale Closing Realty Company: _____ Phone: _____
Date: _____ Title Company: _____ Phone: _____
Owner(s) / Landlord: _____
Unit Number: _____ Address: _____

Purchaser / Tenant: (Name) _____
Mailing Address: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
SS# _____ DL# _____ State _____
(required for background check) (required for background check)

Employer: _____ Phone: _____
Address: _____

Will new owner (Live in unit full time, part time) or Lease
Name and Address where this application is to be sent after approval.

Automobile (1): Make: _____ Year: _____ License # _____
Automobile (2): Make: _____ Year: _____ License # _____

Buyer / Renter References (non relatives only)

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Names of persons that will occupy this unit:

- 1) _____ Birth Date: _____
- 2) _____ Birth Date: _____
- 3) _____ Birth Date: _____
- 4) _____ Birth Date: _____

Emergency Information: (person to contact in case of emergency)

Name: _____ Phone: _____
Address: _____

| | | | |
|---|-----|-----------|--------------------------------------|
| PET INFORMATION: No more than two (2) Pets shall be allowed in any unit. | | | |
| (#) | Dog | Sex _____ | Breed _____ Weight at maturity _____ |
| (#) | Cat | Sex _____ | Breed _____ Weight at maturity _____ |

| | | | |
|---|-------|-----------------------|-------|
| PURCHASER states that he/she has received a copy of the condominium documents, including the Declaration of Condominium, the Articles of Incorporation, By-laws and Rules and Regulations and that he/she has read these documents, understands their content and agrees to abide by all of the conditions and terms therein, and all reasonable rules and regulations enacted thereafter officially by the Association. | | | |
| _____ | _____ | _____ | _____ |
| Purchaser (Signature) | Date | Purchaser (Signature) | Date |

| | | | |
|--|-------|--------------------|-------|
| RENTER states that he/she has received a copy of the Association's Rules and Regulations and that he/she has read these documents, understands their content and agrees to abide by all of the conditions and terms therein, and all reasonable future rules and regulations officially enacted by the Association. | | | |
| _____ | _____ | _____ | _____ |
| Renter (Signature) | Date | Renter (Signature) | Date |

This approval is subject to all financial obligations to the Association including, but not limited to, maintenance fees, late charges, special assessments, legal fees and application fees having been paid in full at the time of occupancy.

Purchaser/Renter (Signature) Date Purchaser/Renter (Signature) Date