

OAKS ROYAL III RESIDENTS PLANNING TO SELL THEIR HOME

When selling your home, the following procedure is to be followed:

Per our recently approved declaration changes (April 4, 2022) the attached packet must be completed and submitted to the Oaks Royal III Executive Board. Without receiving information required by this packet, your sale will not be completed.

Your closing date depends on your completion of this packet in a timely manner.

Thank you,

Your Oaks Royal III Executive Board

Form Update 04/21/2022

OAKS ROYAL III HOMEOWNERS ASSOCIATION

The following information pertains to:

- OR III resident who is selling their home
- Renters
- Caregivers
- Guests staying over 20 days

The OR III homeowner will notify the OR III Board in writing of their intent.

The Board is to be notified of possible buyer of home, renter, caregiver or guest staying over 20 days in writing containing name, address, and phone number of those who will occupy the residence using the attached form.

The buyer will provide payment of \$100.00 (check payable to OR III) for a married couple or \$80.00 per individual to pay for the background check and the credit check of intended buyer.

Exception for Canadians: Canada does not allow the United States to run credit checks on Canadian citizens.....It is their responsibility to provide this information to the OR III Board. The background check shall be done through the Board.

It is the responsibility of the buyer to complete and forward the "Tenant Information Form" to the HOA Board President at e-mail "parksa8@yahoo.com".

Once the reports have been received, the HOA officers will qualify or disqualify the buyer within 20 days and notify the Hospitality Director of the Board's decision.

Update 04/04/2022

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORM

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

Managed By: _____ Owned By: _____,

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

PLEASE PRINT CLEARLY

TENANT INFORMATION:

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

FULL NAME: _____

FULL NAME: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

CURRENT ADDRESS: _____

HOW LONG? _____

HOW LONG? _____

LANDLORD & PHONE: _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

HOW LONG? _____

EMPLOYER: _____

EMPLOYER: _____

OCCUPATION: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

WORK PHONE NUMBER: _____

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

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

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

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

SIGNATURE: _____

SIGNATURE: _____

PHONE NUMBER: _____

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 3:00 p.m. (2:00 p.m. on Sat.) WILL BE PROCESSED THE NEXT BUSINESS DAY

email@tenantcheckllc.com

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

ATTACHMENT TO TENANT INFORMATION FORM

Oaks Royal III

36312 Impala Way / Zephyrhills, Fl 33541

813-782-3745 www.oaksroyal3.com

Tenant Information:

Name _____

Current Address:

Prospective Address:

Zephyrhills, Fl 33541

E-Mail: _____

Phone #: _____

Spouse / Roommate:

Name _____

Current Address:

Prospective Address:

Zephyrhills, Fl 33541

E-Mail: _____

Phone #: _____

Please complete this form with a current Pictured ID (license or passport) that contains your date of birth and forward to the HOA President at e-mail parksa8@yahoo.com

Updated: 01/31/2023