

Towne Square Villas Condominium Association, Inc.

A Florida Not-for-Profit Corporation
6325 Providence Circle
New Port Richey, FL 34652
(727) 236-7737

REQUEST FOR APPROVAL OF OWNERSHIP TRANSFER

Please fill out all blank spaces or N/A when not applicable. No application for approval of ownership transfer can be considered valid until the obligations outlined in this application have been fulfilled.

The application must be received for processing at least two weeks in advance of the possession date.

NEW OWNER INFORMATION

Property Address: _____ Unit # _____, Towne Square Villas Inc.

Dates of request possession: _____

BACKGROUND CHECK: A background check is required in order for a new owner to occupy a unit on Towne Square Villas Condominiums, Inc. (TSV) property.

Processing Fee: \$50.00 for each credit report, payable in cash, check, or certified funds at the time of application. The fee is **non-refundable**. The owner has the option to perform their own investigation and provide to TSV a certified copy of the report. This must be done prior to occupancy.

NOTE: The above occupancy will be offered without regard to sex, race, religion, color, handicap, familial status, or national origin.

Name _____ SS# _____ DOB ____/____/____
Last First MI Jr. Sr. Month Day Year

Driver's License # _____ State _____ (please attach a copy to the application)

Spouse's Name _____ SS# _____ DOB ____/____/____
Last First MI Maiden Month Day Year

Driver's License # _____ State _____ (please attach a copy to the application)

Phone (____) _____

Present Address: _____ Years: ____ Months: ____
Street Apt. # City State Zip

Reason for Leaving: _____

Current Landlord/Mortgage Holder: _____

Contact Information: _____

Previous Address: _____ Years: ____ Months: ____
Street Apt. # City State Zip

Reason for Leaving: _____

Current Landlord/Mortgage Holder: _____

Contact Information: _____

EMPLOYMENT HISTORY

Are you employed? Applicant: ≤ Yes ≤ No
Where do you work? _____
Address of Employer: _____
Who do we contact to confirm employment? _____
What is your position? _____
How long have you been at your current job? _____
What is your annual income from working this job? _____
Do you have other sources of income? _____ Source: _____
Do you have checking/savings accounts? ≤ Yes ≤ No What Bank? _____

Co-Applicant: ≤ Yes ≤ No
Where do you work? _____
Address of Employer: _____
Who do we contact to confirm employment? _____
What is your position? _____
How long have you been at your current job? _____
What is your annual income from working this job? _____
Do you have other sources of income? ≤ Yes ≤ No Source/Amount: _____
Do you have checking/savings accounts? ≤ Yes ≤ No What Bank? _____

PERSONAL/FINANCIAL INFORMATION

Have you ever filed for bankruptcy? Applicant: ≤ Yes ≤ No Co-Applicant: ≤ Yes ≤ No
Have you ever been evicted? Applicant: ≤ Yes ≤ No Co-Applicant: ≤ Yes ≤ No
Have you ever broken a lease? Applicant: ≤ Yes ≤ No Co-Applicant: ≤ Yes ≤ No
Have you ever been sued for non-payment of rent? Applicant: ≤ Yes ≤ No Co-Applicant: ≤ Yes ≤ No
Have you ever been sued for damage to property? Applicant: ≤ Yes ≤ No Co-Applicant: ≤ Yes ≤ No
Have you ever been convicted of a felony? Applicant: ≤ Yes ≤ No Co-Applicant: ≤ Yes ≤ No

List date and give details any of the "yes" answers above: _____

PERSONAL REFERENCES

List at least two personal references (no relatives):

Name: _____ Relationship: _____ Phone: _____
How long has this person known you? _____

Name: _____ Relationship: _____ Phone: _____
How long has this person known you? _____

Will anyone other than the co-applicant be staying for an extended period of time while you are occupying the unit?
≤ Yes ≤ No

Will you be leasing out your unit either seasonally or for an extended time period?
≤ Yes ≤ No

If "yes" to either of the questions above, please list the name(s) and age(s) of others occupying the unit:

Name Age

Name Age

HOMEOWNERS INSURANCE

Does the owner and/or renter carry home owners insurance? ≤ Yes ≤ No

If "yes", list insurance company and contact information: _____

PET REGISTRATION

Will there be any pets visiting or staying on the property? If "yes", fill in the following information:

Breed: _____ Weight: _____ Age: _____ Neutered? ≤ Yes ≤ No Licensed? ≤ Yes ≤ No

Please see property manager to receive pet policy information and register your pet. Documentation of neutering, licensing, and current shot records will be required.

VEHICLE REGISTRATION

Vehicle Information: Year _____ Make/Model _____ Tag No. and State _____

APPLICANT(S) ACKNOWLEDGEMENT/AGREEMENT AND AUTHORIZATION:

The Applicant represents that all of the above statements are true and complete and authorizes verification of all of the above information by all means available, including employment, personal references, credit records, public records, current and previous property owners and criminal records by the Owner and Towne Square Villas Condominium Association, Inc. Applicant acknowledges that false information may constitute a breach of the lease entitling the Property Owner and TSV, at their option, to repossess the property. Further, the Applicant expressly authorizes the Owner and TSV (including a collection agency) to obtain the Applicant's consumer credit report, which the Owner and TSV may use if attempting to collect past due fees, or other charges from the Applicant both during the term of the lease and thereafter.

The Applicant also understands and agrees that this application will be retained by the Owner and TSV whether or not approved. The Applicant understand and agrees that, in the future upon request, the Owner and TSV will release information concerning the Owner's experience with the Applicant as an applicant or tenant. The Applicant understands and agrees that this application can only be reviewed and If and when:

- The application is completed in full and submitted for processing the Board of Directors of TSV at least two weeks prior to occupancy.
- A certified copy of the background checks, including credit history and criminal history, are received by the TSV office. The background check can be done in one of two ways:
 1. The TSV representative orders and completes the credit/criminal at the cost of a NON-REFUNDABLE fee of \$50.00 per person; or
 2. A certified copy of such is provided to the TSV office as part of the applicant packet.

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

Date submitted to the TSV Board of Directors: _____

Date of final decision by the TSV Board of Director: _____

This application has been submitted to the TSV Board of Directors and has been:

≤ Approved ≤ Disapproved – Reason for Disapproval: _____

TSV Representative's Signature: _____

Date: _____