

UNIT#: \_\_\_\_\_

**Seville Condominium 4, Inc.**

c/o Ameri-Tech Community Management, Inc. EQUAL HOUSING OPPORTUNITY  
24701 US Hwy 19 N, Ste 102, Clearwater, FL 33763  
P: (727) 726-8000 | F: (727) 723-1101

**SALES/LEASE APPLICATION**

Seville Condominium 4, Inc. is a 55+ community. All sales and rentals must provide for at least one permanent occupant fifty-five (55) years of age or older. No persons under thirty (30) years of age shall be permitted to be a permanent resident. One small pet per unit is permitted twenty (20) pounds at maturity with Board approval. Leasing is not permitted until you have owned the unit for two (2) years. No felons will be approved for sales or leases. Washers/dryers permitted with Board approval.

**APPROVAL TO SELL OR LEASE AN APARTMENT:** Prior to interview and approval must be obtained from the Seville Condominium 4, Inc. Board of Directors at least ten (10) days prior to occupancy or title transfer. A **\$100** non-refundable application fee must accompany this application along with a copy of each occupant's drivers' license (or photo ID). A **\$150** refundable damage deposit must be presented to the Association prior to moving in/out. Any damages will be deducted from said deposit. A valid Copy of homeowner's insurance must also be submitted with application.

**PLEASE PRINT:**

Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupancy Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Unit #: \_\_\_\_ Carport #: \_\_\_\_ Maintenance Fee: \$ \_\_\_\_

(1) Applicant's Name: \_\_\_\_\_ Driver License/ID #: \_\_\_\_\_

(2) Applicant's Name: \_\_\_\_\_ Driver License/ID #: \_\_\_\_\_

(3) Applicant's Name: \_\_\_\_\_ Driver License/ID #: \_\_\_\_\_

(4) Applicant's Name: \_\_\_\_\_ Driver License/ID #: \_\_\_\_\_

Current address: \_\_\_\_\_

Number of years at this address: \_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_ Occupation: \_\_\_\_\_ # Autos: \_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Approximate # of months per year unit will be occupied: \_\_\_\_

Summer address if different from above: \_\_\_\_\_

Summer Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Summer Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Summer Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Do you have any specific skills, i.e. medical?  Yes or  No If yes, please list: \_\_\_\_\_

**LEASE AGREEMENT:** (If applicable)  **PLEASE ATTACH COPY OF LEASE**

Lease from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Minimum one (1) year, maximum three (3) years (renewable) rental. Maximum four (4) persons in residency for two (2) bedroom units and two (2) persons in residency for one (1) bedroom units (none under the age of 30). Lease will not be executed with Corporations, firms or partnerships. Business is not to be conducted on the premises. Listing agent name: \_\_\_\_\_

Office #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-mail: \_\_\_\_\_

**Seville Condominium 4, Inc.**  
c/o Ameri-Tech Community Management, Inc.  
24701 US Hwy 19 N, Ste 102, Clearwater, FL 33763  
P: (727) 726-8000 | F: (727) 723-1101  
**SALES/LEASE APPLICATION**

**SALES AGREEMENT:**

Closing agent name: \_\_\_\_\_  
Office #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
E-mail: \_\_\_\_\_

**PERSONAL REFERENCES: (Local if possible)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**CREDIT REFERENCE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**BANK REFERENCE:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**PLEASE NOTE: Your signature acknowledges that you have read Seville 4 's By-Laws, Declaration and Rules & Regulations and agree to abide by them. In addition, by signing this application you authorize Seville Condominium Association, Inc. to obtain a criminal/credit bureau report.**

**Applicant Signatures:**

(1) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(2) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Current Owner Signatures:**

(1) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(2) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Seville Condominium 4, Inc. Board Signatures:**

(1) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

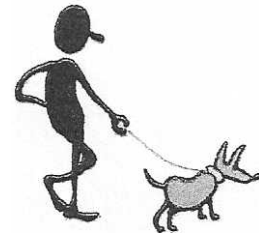
(2) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(3) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(4) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(5) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SEVILLE CONDOMINIUM #4, INC.  
1012 PEARCE DR.  
CLEARWATER, FL. 33764  
Dog Registration**



**Apartment Owner Name:** \_\_\_\_\_

**Apartment Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

**Dog Name:** \_\_\_\_\_

**Dog Age:** \_\_\_\_\_

**Date of Arrival of Dog to Apartment:** \_\_\_\_\_

**Dog Breed / Sex:** \_\_\_\_\_

**Color/Pattern:** \_\_\_\_\_

**Weight\* (Dog must be less than 25 lbs. when fully grown):** \_\_\_\_\_

**Spay or Neuter:** \_\_\_\_\_

**Rabies Tag Number:** \_\_\_\_\_

**Rabies Tag Expiration:** \_\_\_\_\_

**Special Needs of Dog (blind/deaf etc):** \_\_\_\_\_

**This is to certify that the above information is correct and current.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE: Recent residents were mistakenly allowed to purchase without submitting this form. There will be a few larger dogs on the property until their owners sell or the dog(s) pass. No new applications for larger dogs will be approved.**

**\*Exception to this would be for owners with ADA requirements - Service Animals.**