813-868-1104 **Townhomes at Parkside Association** **Fax: 813-774-7861**

2906 Busch Lake Blvd
Tampa, FL 33614

IMPORTANT APPLICATION AND SCREENING INFORMATION:

A non-refundable fee of $75.00 per applicant is required. Checks are made payable to **Avid Property Management.** Married couples with minor children constitute one application. Roommates and family members who are older than 18 require a separate application and fee.

The following information must be submitted with your Application:

- A copy of a Driver's License (picture must be recognizable)
- Copy of lease with provision allowing Association to evict tenant for non-compliance of rules.
- SSN card or an item like a pay stub associating your SSN# with your name.
- Proof of legal entry if you are not a United States citizen. Non-resident aliens may not rent longer than their visa.
- Pet Registration Form, photograph of pet, copy of current shot records and tag.

This Association has restrictions that may affect your lifestyle. It is up to you to ask questions and become familiar with the Association's documents and rules. There are restrictions limiting exterior usage of units:

- Two pets per home.
- Parking of commercial vehicles is prohibited.
- Two parking spots per home (1-Garage and 1-Driveway)
- Maximum occupancy is two persons per bedroom; these are single-family residences.

If you have any questions, ask first prior to paying your application fee.

The Board has 30 days to qualify your transfer prior to you moving in and may invoke a fine should this occur. In addition, a fine of no more than $100 per day, maximum of $1000 may be assessed for moving in prior to providing the association with a completed, truthful, signed application, and payment of the transfer fee. Fines may also be imposed for other violations of the governing documents.

The 30 days does not begin until the Association has the following:

- A completed application on each person over the age of 18, required to provide one.
- A screening fee for each person over the age of 18, required to provide one.
- The Association will return either by mail or in person incomplete applications, applications without fees, and fees without applications. The qualification process requires a background check.

Qualification can be affected by the following factors: (<u>Note if these apply to you, disclose them upfront, prior to paying your application fee. **</u>)**

- A criminal background
- Events, arrests, a history of incidents that would preclude you from possibly being a good neighbor and living closely to other people (separated only by a wall). For example, recurring incidents of loud music, spousal disagreements or noise at late hours.
- Incidents of non-payment of rents, foreclosures, evictions
- False and/or misleading information on your application.

*****For Avid Use Only*****

Received By:	**Date:**	**Delivered: ☐ In Person ☐ By Mail**

LEASE / SALE INFORMATION FORM

APPLICATION IS TO: ☐ LEASE ☐ PURCHASE (PLEASE CHECK ONE)

PAYOR _____ Check #_____ UNIT#_____
ADDRESS TO BE OCCUPIED: _____
APPLICANT'S NAME: _____ DOB: _____ SSN: ____-____-_____
HOME NUMBER: _____ CELL NUMBER: _____
CO-APPLICANT: _____ DOB: _____ SSN: ____-____-_____
HOME NUMBER: _____ CELL NUMBER: _____
Children, other family members, and roommates over the age of 18 MUST submit a separate application.

OWNER'S NAME/ADDRESS/PHONE _____

Association living may not be for everyone. Those who have selected this community as their home expect all persons to reasonably try to abide by the rules and regulations. Accordingly, those persons with prior evictions, felonies, arrests, and/or any history of violence, drug related offenses, or un-neighborly behavior, may not be permitted residency to this community. The issue is whether one can live well with others in a community where neighbors are literally, only a wall away from each other. Other acts that are grounds for disqualification include falsified information provided on the application.

Have any of the applicants (or your children if they are to reside in the unit, or be a guest in this community) been arrested or convicted of any crime within the last 10 years? If yes, please provide details such as city, state, county, and arresting agency (police department or sheriff's office). Write on back if more room is needed.

_____
_____
_____
_____

Have any of the applicants been charged on a civil or criminal basis for acts of violence such as spousal abuse, assault, and battery or any other physical crime such as vandalism that did not result in arrest? If yes, provide details such as city, state, county, and arresting authority (police department or sheriff's office). Write on back if more room is needed.

_____
_____
_____
_____

Are any of the applicants (or your children if they are to reside in the unit, or be a guest in this community) on parole or probation? If yes, please provide details such as city, state, county, and arresting agency (police department or sheriff's office). Write on back if more room is needed.

_____
_____
_____
_____

Have any of the applicants been evicted from their home in the last 5 years? If yes, please provide details such as city, state, county, and landlord information.

_____
_____
_____

We require that this application be completed for all jobs on both the applicant and their spouse for the **last three (3) years.** Write on the back of the application if you need more room. Failure to provide accurate information is grounds for disqualification for lease or purchase.

APPLICANT
CURRENT EMPLOYER: _____PHONE NUMBER: _____
EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOW LONG? _____ ☐ MONTHS ☐ YEARS
PREVIOUS EMPLOYER: _____PHONE NUMBER: _____
EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOW LONG? _____ ☐ MONTHS ☐ YEARS

SPOUSE/CO-APPLICANT
CURRENT EMPLOYER: _____PHONE NUMBER: _____
EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOW LONG? _____ ☐ MONTHS ☐ YEARS
PREVIOUS EMPLOYER: _____PHONE NUMBER: _____
EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOW LONG? _____ ☐ MONTHS ☐ YEARS

We require complete residence information for the last (3) three years. Please write on back if you need more room. **Provide this information for all parties residing in unit.** In the case of a recent marriage or roommate arrangement agreement, complete a separate application on each party. **Failure to provide accurate information is grounds for disqualification as Lessee or Purchaser.** If you are unable to remember exact address, City, County, Street, and State is acceptable.

CURRENT ADDRESS: _____CITY: _____ STATE: _____ ZIP: _____
PHONE: _____HOW LONG? _____ ☐ MONTHS ☐ YEARS

PREVIOUS ADDRESS: _____CITY: _____ STATE: _____ ZIP: _____
PHONE: _____HOW LONG? _____ ☐ MONTHS ☐ YEARS

LANDLORD'S NAME: _____PHONE: _____
LANDLORD'S ADDRESS: _____CITY: _____ STATE: _____ ZIP: _____

PETS:

Townhomes at Parkside Declarations states: No animals, livestock, or poultry may be raised, bred, or kept anywhere within the property, except that no more than two (in aggregate) dogs, cats or other conventional household pets may be kept upon any lot. Each owner shall be responsible for cleaning up any pet waste, immediately. All pets outside a dwelling shall be properly leashed or kept within an approved fence and subject to any local ordinances. No outside animal pen, cage, or shelter shall be constructed or permitted.

DO YOU HAVE A PET? ☐ **YES** ☐ **NO** **TYPE OF PET**_____ (e.g. dog)

I understand that Townhomes at Parkside allows two (2) pets per unit. I also understand that I must walk my pet in the designated areas and pick up his/her feces. I will also complete the Pet Registration Form and provide the association with a picture of pet(s), copies of current shot records, and tag number(s).
_____**INITIALS**

I understand that as a purchaser/lessee, I have received and read a copy of the rules and regulations, covenants, conditions and restrictions of the association, and agree to be bound by these association documents. As a purchaser, I have received a full set of the condo documents as a condition of sale. I further understand that the unit owner is responsible for any damages and/or infractions of association rules cause by the lessees, their children, guests, visitors or pets. I further understand that this unit is to be used as a single-family residence only. Be advised that the $75.00 application fee may go toward a credit/public records and/or criminal background investigation. By signing this application, you are agreeing that this information may be made available to the Association and Owner of the unit in their determination of your residency at this association.

APPLICANT(S) SIGNATURES

Signature of Applicant: _____ **Date:** _____

Signature of Applicant: _____ **Date:** _____

Signature of Seller/Lessor/Agent: _____ **Date:** _____

QAULIFIED/DISQUALIFED by: _____ **Date:** _____

813-868-1104 Townhomes at Parkside Association Fax: 813-774-7861

PET INFORMATION AND REGISTRATION

Name of Owner(s) Last Name _____First_____

Name of Tenant(s) Last Name _____First _____

Address of Resident: _____

City_____ State_____ Zip_____

Phone # _____ Work #_____ Cell #_____

Pet Information	Pet 1	Pet 2
	M/F	M/F
Pet Type	Dog ☐ Cat ☐	Dog ☐ Cat ☐
Pet's Name		
Microchip No.		
Breed		
Color/Markings		
Neutered/Spayed		
Date of Vaccinations		
License #		
Date Tag Issued		
Vet Information		

I fully understand and abide by the following rules indicated by the Hillsborough County Ordinance 81.20 and Townhomes at Parkside. Violations pertaining to pets may result in a fine.

1. **Owner unit shall be allowed to house two (2) pets per Docs.**
2. **All dogs and cats over the age of 4 months must be licensed against rabies by a licensed veterinarian and have current Hillsborough County license tag.**
3. **All dogs are required to wear a tag so that it is visible always.**
4. **All dogs must be confined to their owner's property or restrained by a leash when in public.**
5. **The keeping of vicious or nuisance animals is prohibited.**
6. **Owners are to be responsible for removing animal's waste from property.**
7. **Animals will not be left outside or on patio/balcony exclusively.**
8. **No buildings are to be erected on premises for animals.**

Resident Signature: _____ **Date:** _____