
QUALIFIED PROPERTY MANAGEMENT, Inc.

Administrative Office
5901 US 19, Ste. 7Q
New Port Richey, FL 34652

REQUEST FOR APPROVAL OF OWNERSHIP TRANSFER

ASSOCIATION: _____ **DATE:** _____

Rental Application ___ Sales Application ___ **Applicant's Phone Number:** (____) _____

FROM:

_____ **TO:** _____
SELLER/LANDLORD **PURCHASER/TENANT**

RE: Property Address: _____

Closing Date: _____ (Sales)

Occupancy Date- Rental From: _____ **to:** _____

Applicant represents that the following information is true and correct, and consents to further inquiry and any investigation concerning this information, or any information which comes from that inquiry, which is necessary for approval of this Request.

a. **Persons who will occupy the above unit are:**

Name: _____ Age: _____

Name: _____ Age: _____

Is unit to be leased? Yes ___ No ___

If the unit is to be leased, purchaser agrees to supply the B.O.D. with the application for lease, and a copy of the lease prior to the rental occupancy.

If the unit will not be leased, owner will live in the unit part time _____ full time _____

If other persons will occupy this unit, please attach a separate sheet as an Addendum.

b. **Purchaser's/Tenant's Present Address:** _____

c. **Employed By:** _____

Address: _____

Address: _____

d. **References:** _____ Address: _____

_____ Address: _____

- e. **Bank References:** _____
- f. **Automobile(s):** Make: _____ Tag # _____
 Make: _____ Tag # _____
- g. **Pets** (if allowed) Type: _____ weight _____
- h. **Name & Address of Title Company:** _____
- i. **Real Estate Agent** (if applicable): _____
- j. **Where is approved Application to be sent:** _____

Purchaser states that he has received a copy of all documents, including the Declaration of Homeowners, Articles of Incorporation, Bylaws, and the Rules and Regulations, and has read, understands and agrees to abide by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter officially by the Association.

Applicant authorizes the Association to investigate the credit of the Applicant by and through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom the Applicant is acquainted. This investigation may include obtaining information as to Applicant's credit capacity, general credit reputation, character, personal characteristics, and mode of living, which ever may be applicable, to report to proper persons and bureaus Applicant's performance under this Agreement.

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 or will be paid by closing agent at the time of closing of this sale.

SELLER/LANDLORD

PURCHASER/TENANT

SELLER/LANDLORD

PURCHASER/TENANT

Approval of Purchaser/Tenant

Pursuant to Paragraph _____, Article _____, of the Declaration of Homeowners, the B.O.D. have approved the purchase/lease of unit at _____, and do hereby confirm the same by this document.

By: _____ By: _____
Secretary President

VOTER REPRESENTATIVE

This certificate is issued pursuant to Article _____ Section _____ of the Association By-Laws.....

Owner

Owner

Signature of Representative

NOTARY

On this ____ day of _____, 20__, personally appeared _____, and _____, who is personally known to me, or who has produced a _____ Drivers License as identification, and who did not take an oath.

NOTARY PUBLIC, STATE OF FLORIDA

—Office Use Only—

- Copy of Drivers Licenses attached _____
- Copy of Lease or Sales Contract attached _____
- Application Fee \$ _____
- Credit Check _____



Background Check Authorization Form

FOR PURCHASE OR RENTAL

727-869-9700

727-869-9825 (Fax)

Unmarried Co-Applicants Fill Out a Separate Application. Do NOT leave any blank spaces.

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

Driver's License # _____ State _____ (Please Attach Copy to Application)

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

Driver's License # _____ State _____ (Please Attach Copy to Application)

Phone: (____) _____

Present Address _____ From _____ To _____
Street Apt. # City ST Zip

Previous Address _____ From _____ To _____
Street Apt. # City ST Zip

Have you ever had adjudication withheld or been convicted of a crime?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

AUTHORIZATION OF RELEASE OF INFORMATION – Applicant(s) represent(s) that all of the above information and statements on the application for purchase/rental are true and complete and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records and credit records. **This authorization must be signed before it can be processed by management.** Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees and/or deposits and may constitute a criminal offense under the laws of this State.

NON-REFUNDABLE APPLICATION FEE – Applicant(s) agree(s) to pay \$_____ for a non-refundable application processing fee.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Other's Signature: _____ Date: _____

Note: If you are printing this form from our Website, please contact our office at 727-869-9700 for application fee amounts if there are any and to find out if any additional paperwork is required for the community for which you are making application.