

# VILLAGE ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.

(A Florida Not-for-Profit Corporation and 55-years and older community

**NOTE: A \$150.00 NON-REFUNDABLE FEE PLUS \$50.00 FOR EACH RESIDENT TO COVER BACKGROUND CHECK, COPY OF SALES OR LEASE CONTRACT, and COMPLETED CENSUS FORM and EMERGENCY CONTACT FORM MUST ACCOMPANY THIS APPLICATION BEFORE AN INTERVIEW IS CONDUCTED.**

**ALL OF THESE PROCEDURES SHALL OCCUR BEFORE OCCUPANCY**

This Application is for SALE: \_\_\_\_\_ LEASE: \_\_\_\_\_ CO-OCCUPANCY: \_\_\_\_\_ LOT NO. \_\_\_\_\_  
Address: \_\_\_\_\_, Clearwater, FL 33763

Name of previous owner: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**PERSONAL DATA OF INHERITEE(S) and any CO-OCCUPANT(S):**

- 1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Res. Phone \_\_\_\_\_  
Please print legibly Cell: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Res. Phone \_\_\_\_\_  
Please print legibly Cell: \_\_\_\_\_
- 1. Driver's License: \_\_\_\_\_ Vehicle Plate No. \_\_\_\_\_
- 2. Driver's License: \_\_\_\_\_ Vehicle Plate No. \_\_\_\_\_
- 1. Social Security #: \_\_\_\_\_ 2. Social Security #: \_\_\_\_\_

PURCHASER/CO-OCCUPANT (S): Present Address: \_\_\_\_\_  
LESSOR(S): Landlord's Address: \_\_\_\_\_

**IS THERE A SERVICE OR EMOTIONAL SUPPORT ANIMAL TO BE HOUSED AT THIS ADDRESS? YES \_\_\_ NO \_\_\_**  
**IF "YES" ADDITIONAL FORMS ARE REQUIRED!! ASK MANAGEMENT COMPANY**

**PURCHASER (S): (If retired, indicate employment prior to retirement**

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ How Long: \_\_\_\_\_

ANY OTHER PERSON THAT WILL OCCUPY HOME FOR MORE THAN THIRTY (30) DAYS DURING A YEAR'S PERIOD?

YES \_\_\_ NO \_\_\_ If yes, each person **must** submit \$150.00 + \$50.00 with completed forms and be interviewed.

Have you ever been evicted? \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_

Have you ever been in litigation with a landlord, condominium, or homeowner's association? \_\_\_\_\_  
If Yes, please provide details as to Date, Location, and other pertinent information on additional page.

NAME OF REAL ESTATE AGENT & COMPANY AND ADDRESS, OR PERSON HANDLING SALES/LEASE TRANSACTION

\_\_\_\_\_  
PHONE: \_\_\_\_\_

**PURCHASER(S) ONLY:** Purchaser(s) understands that s/he/they will automatically become a member of Village on the Green Homeowner's Association, Inc. (aka Patio Homes) and Village on the Green Tract B Recreation Association, Inc., and that all duly enacted assessments of those Associations are due and payable as enacted, and if unpaid are subject to a lien upon the Patio Home at: \_\_\_\_\_ (Initials) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Address

VILLAGE ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.

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PURCHASER(S), LESSEE, CO-OCCUPANT(S) AUTHORIZE THE ASSOCIATION OR MANAGEMENT AGENT TO SECURE CREDIT AND ANY OTHER INFORMATION DEEMED NECESSARY IN APPROVING THIS APPLICATION \_1.\_\_\_\_2.\_\_\_\_(Initials)

PURCHASER(S) has/have access to and has/have read the following: (All purchasers Initial each)

- Declarations, By-Laws, Articles of Incorporation, Frequently asked Questions, Rules and Regulations, End of Previous Year Financials from AmeriTech

PURCHASER(S) affirm that s/he/they will abide by all terms and conditions of said documents as now enacted or will be duly enacted in the future. 1.\_\_\_\_2.\_\_\_\_(Initials)

LESSEE(S) have received and read the rules and regulations and affirm that s/he/they will abide by all terms and conditions of said rules and regulations as now enacted or will be duly enacted in the future.

1.\_\_\_\_2.\_\_\_\_(Initials)

OCCUPANT(S) have received and read the rules and regulations and affirm that s/he/they will abide by all terms and conditions of said rules and regulations as now enacted or will be duly enacted in the future.

1.\_\_\_\_2.\_\_\_\_(Initials)

Current Budget and List of Current Board will be delivered at the interview.

PROPOSED MOVE IN DATE: \_\_\_\_\_ IF LEASE, EXPIRATION DATE: \_\_\_\_\_

APPLICANT SIGNATURE(S) of AFFIANT(S):

\_\_\_\_ Date: \_\_\_\_\_ WITNESS \_\_\_\_\_

\_\_\_\_ Date: \_\_\_\_\_ WITNESS \_\_\_\_\_

IN ORDER FOR THIS APPLICATION TO BE CONSIDERED, IT MUST BE COMPLETED AND ACCOMPANIED BY 3 COPIES OF SALES OR LEASE CONTRACT, HUD CENSUS FORM, EMERGENCY CONTACT FORM, ADDITIONAL INFORMATION FORM.SIGNED ARTICLE XII, SERVICE ANIMAL FORMS (if appropriate) AND APPROPRIATE FEE

DELIVER OR MAIL APPLICATION WITH EXHIBITS TO: AMERI-TECH COMMUNITY MANAGEMENT, INC. 24701 US HIGHWAY 19 NORTH, SUITE 102, CLEARWATER, FL 33763 aholder@ameritechmail.com

AN INTERVIEW BY THE BOARD OF DIRECTORS MUST BE COMPLETED PRIOR TO APPROVAL OF THIS APPLICATION AND BEFORE CLOSING OF SALE OR LEASE

DO NOT WRITE BELOW THIS LINE

FOR THE BOARD OF DIRECTORS USE ONLY ( ) APPROVED ( ) DISAPPROVED DATE: \_\_\_\_\_

Print name here Title Signature Date

Print name here Title Signature Date

Print name here Title Signature Date

**VILLAGE ON THE GREEN PATIO HOMES**  
Please Return to Ameri-Tech Community Management, Inc.,  
24701 US Hwy 19 N, Suite 102, Clearwater, FL 33763  
E-mail: [aholder@ameritechmail.com](mailto:aholder@ameritechmail.com) – (727) 726-8000 Ext. 273  
**EMERGENCY CONTACT INFORMATION**  
**FOR OWNER OR TENANT**

**PROPERTY ADDRESS** \_\_\_\_\_ **UNIT** \_\_\_\_\_

Please complete the form below by **PRINTING** the requested information, sign & date and either hand deliver, mail, or scan & email to Ameri-Tech Community Management, Inc. c/o ARNIE HOLDER.

**Homeowners Name(s)** \_\_\_\_\_

**Resident Address** \_\_\_\_\_ **Unit** \_\_\_\_\_

**Mailing Address (if different)** \_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_

**Work Telephone Number** \_\_\_\_\_ **Text Cell Phone: YES or NO**

**Email** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Nearest Contact (relative, friend, neighbor) with a key (in case of emergency)**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Nearest Relative (in case of emergency)**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**TENANT(s), if applicable** \_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_

**Work Telephone Number** \_\_\_\_\_ **Text Cell Phone: YES or NO**

**E-mail** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Number of Person(s) occupying unit**

**Number of Pets (and type) (If permitted by Docs)**

**Adults(s)** \_\_\_\_ **Children** \_\_\_\_\_

**Dogs** \_\_\_\_ **Cats** \_\_\_\_ **Other** \_\_\_\_

**Vehicle(s)**      **Make/Yr.**              **Model**

**Color**              **TAG Number**

\_\_\_\_\_  
\_\_\_\_\_  
**PLEASE SIGN AND DATE BELOW:**

\_\_\_\_\_  
**Owner Signature**

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

\_\_\_\_\_  
**Co-Owner Signature (if applicable)**

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

I give permission to share my personal information (phone numbers, e-mail & address) with other Village On The Green Homeowners Association owners.