

Strathmore Gate East at Lake St. George Homeowner's Association, Inc.  
A Deed Restricted Community

**APPLICATION TO PURCHASE**

Note: Application must be submitted 21 days prior to occupancy for Board approval

A background check is required of all applicants

\$100.00 APPLICATION FEE

Note: There is a (1) one year waiting period for owners to rent out the unit after purchase.

PLEASE PRINT CLEARLY

Property to be Purchased: \_\_\_\_\_ Closing Date: \_\_\_\_\_  
Current Owner: \_\_\_\_\_ Home Tele #: \_\_\_\_\_  
Current Owner's Address if Different: \_\_\_\_\_  
Cell/Work Tele: \_\_\_\_\_

Personal Data of Purchaser(s) Name(s):

(1) \_\_\_\_\_ Phone Contact No. \_\_\_\_\_

(2) \_\_\_\_\_ Phone Contact No. \_\_\_\_\_

Present Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employment: Name and Address: \_\_\_\_\_  
\_\_\_\_\_ Telephone # \_\_\_\_\_

Other Adults Living in Unit:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Children To Live in Unit:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

If you have previously resided at Strathmore Gate East, list address: \_\_\_\_\_

Pet Information: (Note: Pets require written Board approval. All rules are strictly enforced).

Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Vehicle Information:

Tag # \_\_\_\_\_ Make/Model \_\_\_\_\_ Year: \_\_\_\_\_

Tag # \_\_\_\_\_ Make/Model \_\_\_\_\_ Year: \_\_\_\_\_

No boats, trailers, Rvs, campers, motor homes, motorcycles or commercial vehicles are permitted on property overnight.

Purchase Data: Price Paid for Unit: \$ \_\_\_\_\_

Realtor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

(If Realtor is not involved, please list name, etc. of person handling closing:

Attorney (if applicable): \_\_\_\_\_

Title Company, Etc. \_\_\_\_\_

**Purchaser - Do you intend to:**

Live in Unit Annually: \_\_\_\_\_ Live in Unit Semi-annually: \_\_\_\_\_ Lease Unit: \_\_\_\_\_ Lease is to be written for entire dwelling and not just a portion thereof and for a term of not less than seven (7) months. If the unit purchased is to be leased, the owner must submit an application for lease and obtain written Board approval 21 days prior to the finalization of the lease.

Signature(s) \_\_\_\_\_

(At end of Lease, if lease is renewed, Please Notify Jenny Schoenfeld. Contact Info Below.)

If you plan to reside in SGE only part of the year, we may need to contact you with Strathmore Gate East business while you are living off-property.

List other address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Cell # \_\_\_\_\_

**Documents and Agreement** (A background check is required of all applicants)

I understand that Strathmore Gate East is a deed-restricted community and I agree to abide by the documents and Rules and Regulations.

I have received \_\_\_\_\_ have not \_\_\_\_\_ received a copy of the Official Documents of the Homeowners' Association.

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

Purchaser automatically becomes a member of the Association. All fees and assessments by the Association are due and payable the first of each month in advance, payable to the designated payee. Delinquent fees are subject to a lien on property.

The current monthly maintenance fee is: \$ 450.00

Mail Completed Applications for Board Approval to:

Angela Johnson, LCAM  
Telephone: (727) 726-8000 ext. 353 FAX: (727) 723-1101  
Ameri-Tech Property Management, Inc.  
24701 U.S. Highway 19 North, Suite 102  
Clearwater, FL 33763

Signed Copy of SGE Board of Directors Approval for Sale to be emailed to (provide email address):

Title Company: \_\_\_\_\_ Realtor: \_\_\_\_\_

Homeowner: \_\_\_\_\_

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Angela Johnson, LCAM, Acting as Agent for Strathmore Gate East HOA, Inc.

DATE \_\_\_\_\_

CUSTOMER NUMBER \_\_\_\_\_

**TENANT INFORMATION FORM**I / We \_\_\_\_\_, prospective  
tenant(s) / buyer(s) for the property located at \_\_\_\_\_,

Managed By: \_\_\_\_\_ Owned By: \_\_\_\_\_,

Hereby allow TENANT CHECK LLC and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

**PLEASE PRINT CLEARLY****TENANT INFORMATION:**

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

LANDLORD &amp; PHONE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

GROSS MONTHLY INCOME: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED?  
(CIRCLE ONE) YES ☐ NO ☐

HAVE YOU EVER BEEN EVICTED?  
(CIRCLE ONE) YES ☐ NO ☐

SIGNATURE: \_\_\_\_\_

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

**SPOUSE / ROOMMATE:**

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

LANDLORD &amp; PHONE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

HOW LONG? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

GROSS MONTHLY INCOME: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED?  
(CIRCLE ONE) YES ☐ NO ☐

HAVE YOU EVER BEEN EVICTED?  
(CIRCLE ONE) YES ☐ NO ☐

SIGNATURE: \_\_\_\_\_

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

**IMPORTANT**

Please complete this form and return it to Ameri-Tech with your owner/tenant application. Applications received without this form will not be processed.

**IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.**

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR  
REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES /  
MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS

# STRATHMORE GATE EAST HOMEOWNERS ASSOCIATION

## ACKNOWLEDGEMENT OF ASSOCIATION DOCUMENTS

I acknowledge I have read and understand the documents of Strathmore Gate East Homeowners Association, including but not limited to the below.

1. Strathmore Gate East Declaration of Restrictions
2. Strathmore Gate East Rules and Regulations
3. Strathmore Gate East By-Laws
4. Strathmore Gate East Articles of Incorporation

I do hereby agree that I will abide by the rules and regulations in these documents. I understand that not abiding to the Rules and Regulations could result in a fine.

All unit occupants over the age of 18 sign below.

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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

Signed: \_\_\_\_\_

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

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

Unit Address: \_\_\_\_\_