

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

## Application for Lease

Lease Minimum of 7 Months

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

*Please include a copy of the proposed lease*

***A background check is required of all applicants***

**\$100.00 APPLICATION FEE**

**PLEASE PRINT CLEARLY**

Property to be Leased: \_\_\_\_\_ Lease Date: From \_\_\_\_\_ To \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Owner's Home Tele #: \_\_\_\_\_ Cell/Work Tele: \_\_\_\_\_

**Personal Data of Lessee: Names:**

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

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

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

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

Home Telephone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Employment: NAME AND ADDRESS: \_\_\_\_\_

**Other Adults To Live 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, please list address:

\_\_\_\_\_

**Pet Information:** ( *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.)*

**Lease Data:** *There is a minimum written lease of seven months. The lease is to be written for the entire unit and not just a portion thereof.*

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

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

**Address:** \_\_\_\_\_

*A copy of the lease agreement is to be attached to this application.*

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

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

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

I have received \_\_\_ have not \_\_\_ received a copy of the Rules and Regulations of the community.

Completed Applications for Board Approval should be Sent to:

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

Name and Address of Homeowner or Real Estate Agent to whom Approved Application is to be Mailed:

Homeowner/Agent: \_\_\_\_\_

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

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

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

Keith Phillips, 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: \_\_\_\_\_