

# APPROVAL REQUEST FOR OWNERSHIP TRANSFER

## Marilyn Pines II Condominium Association, Inc.

Marilyn Pines II Condominium Association, Inc. is a 55 and older community. In Accordance with required regulations the unit must be occupied by at least one person 55 years of age or older. No persons under the age of twenty five (25) are allowed to reside in Marilyn Pines II Condominium Association, Inc. Date of Birth must be verified and recorded by a copy of Driver's License, Birth Certificate or other official government identification.

This request for approval of ownership transfer must be in the possession of Ameri-Tech Inc. (10) days prior to required time for approval. A copy of the complete sales agreement, copy of identification proving age and \$150 check payable to Marilyn Pines II Condominium Association, Inc. must accompany this application. Applicant must read the Rules and Regulations before the interview. Applicant must be interviewed prior to occupancy. Contact Ameri-Tech Community Management, Inc. at 727-726-8000 to schedule the required interview.

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
SELLER PURCHASER

PROPERTY ADDRESS: \_\_\_\_\_

CLOSING DATE; \_\_\_\_\_

CLOSING COMPANY \_\_\_\_\_

CELL PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_

CLOSING COMPANY CONTACT PERSON \_\_\_\_\_

REAL ESTATE COMPANY \_\_\_\_\_

REAL ESTATE AGENT \_\_\_\_\_

CELL PHONE# \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

Purchaser(s) represent that the following information is true and correct, and consent to your further inquiry and investigation concerning this information or any information, which comes from that inquiry which is necessary for approval of this request. Applicant agrees to a complete credit and background check including criminal records, and any verification of information regarding this application.

**MARILYN PINES II CONDOMINIUM ASSOCIATION, INC.**

Are you considered a sex offender by any state or country? \_\_\_\_\_ Have you ever been convicted of a felony? \_\_\_\_\_ If yes, attach complete information regarding this status.

Is unit to be used as part time residence? \_\_\_\_\_ OR full time residence? \_\_\_\_\_

**Marilyn Pines II Condominium Association, Inc. Leasing Restrictions: Minimum lease to be not less than three (3) months.**

Is unit to be leased or occupied by anyone other than purchaser? \_\_\_\_\_ If unit is to be leased, purchaser agrees to provide Ameri-Tech Community Management, Inc. a completed application for lease, copy of lease, \$100.00 application fee payable to Marilyn Pines II Condominium Association 10 days prior to occupancy. Tenant must be interviewed prior to occupancy.

**Purchasers of the above unit are as follows:**

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_ SS# \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_ SS# \_\_\_\_\_

NUMBER OF PERSONS TO OCCUPY UNIT \_\_\_\_\_ ADDITIONAL PURCHASERS OR PERSONS PROVIDE NAME, DATE OF BIRTH, SS# AND RELATIONSHIP ON BOTTOM PAGE 3.

PRESENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

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

MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

EMERGENCY CONTACT(S) NAME & PHONE #: \_\_\_\_\_  
\_\_\_\_\_

**Marilyn Pines II Condominium Association, Inc.**

BANK REFERENCE \_\_\_\_\_

AUTOMOBILE Make/Model \_\_\_\_\_ Tag# \_\_\_\_\_ State \_\_\_\_\_

AUTOMOBILE Make/Model \_\_\_\_\_ Tag# \_\_\_\_\_ State \_\_\_\_\_

*Refer to Article VIII: Car Parking in Rules and Regulations*

PET: One dog or cat only. Must be less than five (5) pounds Breed \_\_\_\_\_ Weight \_\_\_\_\_

*Refer to Article V: Pets*

By Signing below, Purchaser(s) attests that a copy of Condominium/Homeowner Documents, including Declaration of Condominium/Homeowner Articles of Incorporation, By Laws, and Declaration of Condominium/Homeowner Articles of Incorporation, By Laws, and Rules & Regulations have been received, read, and understood and agree to abide by all the conditions and terms therein and all reasonable rules and regulations hereafter enacted officially by the Association.

**Copy of Sales Agreement is attached. \_\_\_\_\_ \$150 Fee Paid. \_\_\_\_\_ Copy of 55+ ID \_\_\_\_\_**

PURCHASER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PURCHASER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**APPROVAL PROCESS REQUIRES AN INTERVIEW AND WRITTEN APPROVAL WITH ALL PURCHASERS AND PERSONS OCCUPYING OF UNIT.**

**A FEE OF \$150.00 IS REQUIRED FOR PROCESSING THIS APPLICATION  
MAKE PAYMENTS PAYABLE TO MARILYN PINES II CONDOMINIUM ASSOCIATION.**

**Interviewed By \_\_\_\_\_ Date \_\_\_\_\_**

\_\_\_\_\_