



18675 US Hwy. 19 North
Clearwater, FL. 33764
PH: 727-530-4906 – Fax: 727-535-0925

THIS IS A 55+ COMMUNITY

SALE/MODIFICATION APPLICATION

In accordance with the rules and regulations of the governing BAV documents the following information must be submitted to the association, BEFORE any processing can begin for approval of sale.

Return completed form to Bay Aristocrat Village Office with a copy of DL, sale contract and a \$100.00 application fee (check or money order only). Applications will not be processed without all documents.

LOT #: _____ Closing Date: ___/___/___

NAME OF SELLER: _____

NAMES OF PURCHASER(S): Names must be stated as desired on the Share Certificate. If this is going to be in the name of a Trust, we need a copy of the Trust.

Buyer DOB: _____ Co-Buyer DOB: _____

Buyers Home Address: _____ Buyers Phone No: _____

I will be a permanent resident ____ Part Time Resident ____ I plan to rent my unit ____

I hereby state that I agree to the following conditions:

1. Buyers are not permitted to bring pets of any type, onto the community premises, with the only exception of, one (1) house cat. Such cat must be registered with the BAV office.
2. As a Shareholder, I remain responsible for all obligations of ownership as set forth under the terms and conditions of the Proprietary Lease, Articles of Incorporation, By-Laws and the Rules & Regulations of the BAV documents, which means I have been provided a copy of the BAV Rules & Regulations, copy of the BAV Documents, that include the Articles of Incorporation, Proprietary Lease, and By-Laws or I have read all the documents listed above on line at: www.bayaristocrat.com.
3. As a new Shareholder of a unit that abuts the seawall, I have confirmed by an inspection that the water run-off from my home is emptying either to the street or through the seawall weep hole. I agree to keep the lines open at all time to empty into the street or seawall weep hole.
4. I will be responsible for any & all action of my Guest(s) -Renter(s) I will provide them with all the information they need to use the amenities and will assume full responsibility for any charges levied, resulting due to my Guest/Renters actions. I also understand that when I rent my unit, I give up all rights to the use of the BAV amenities.
5. **I understand Bay Aristocrat Village does not allow Corporate, LLC's or partner ownership.**

This application is being submitted by:

Signature of Buyer/Date

Signature of Co-Buyer/Date

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORM

I / We _____, prospective tenant(s) / buyer(s) for the property located at _____

Managed By: _____ Owned By: _____

Herby allow TENANT CHECK 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 has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

PLEASE PRINT CLEARLY

TENANT INFORMATION:

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

FULL NAME: _____

FULL NAME: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

DRIVER LICBNSE #: _____

CURRENT ADDRESS: _____

CURRENT ADDRESS: _____

HOW LONG? _____

HOW LONG? _____

LANDLORD & PHONE: _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

HOW LONG? _____

EMPLOYER: _____

EMPLOYER: _____

OCCUPATION: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

WORK PHONE NUMBER: _____

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

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

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

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

SIGNATURE: _____

SIGNATURE: _____

PHONE NUMBER: _____

PHONE NUMBBR: _____

TENANT CHECK HOURS OF OPERATION:
MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.
SATURDAY : 11:00 a.m. - 4:00 p.m.
ALL ORDERS RECEIVED AFTER 5:00 p.m. (3:30 p.m. on Sat) WILL BE PROCESSED THE NEXT BUSINESS DAY

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 /