QUEEN ANNE GATE HOMEOWNERS' ASSOCIATION
Monarch Association Management, INC
500 Alt. 19 South
Palm Harbor, FL 34683
727-204-4766
Cindy@MonarchAM.com

REQUEST FOR APPROVAL: ☐ PURCHASE (or) ☐ LEASE UNIT #_____

RETURN THIS FORM WITH COPY OF THE CONTRACT OF SALE OR LEASE **AND $100.00 NON-REFUNDABLE FEE PER APPLICANT** FOR THE APPLICATION FEE AND BACKGROUND CHECK MADE PAYABLE TO: **Monarch Association Management, INC.**

NAME: _____ wishes to ☐ purchase **or** ☐ lease (choose one)
(Purchaser or Lessee)

FROM: _____
(Owner of Record)

Address: _____ Unit: _____ City: _____ St: _____ Zip: _____

SCHEDULED DATE OF CLOSING:

OR

TERM OF LEASE: FROM: _____ TO: _____

REAL ESTATE AGENT: _____ Phone: _____

PERSONS WHO WILL OCCUPY THIS UNIT ARE AS FOLLOWS:

A) NAME: _____ AGE:_____
B) NAME: _____ AGE:_____
C) NAME: _____ AGE:_____
D) NAME: _____ AGE:_____

AUTOMOBILES: MAKE: _____ MODEL: _____ TAG: _____

MAKE: _____ MODEL: _____ TAG: _____

PURCHASER'S/LESSEE'S PRESENT ADDRESS:

Address: _____ Phone #: _____

City: _____ St: _____ Zip: _____

PURCHASER'S PERMANENT ADDRESS AFTER CLOSING:

Address: _____ Phone #: _____

City: _____ St: _____ Zip: _____

EMPLOYED BY: _____ Phone #: _____

Address: _____ City: _____ St: _____ Zip: _____

NEXT OF KIN – FOR EMERGENCIES:

Name: _____ Phone #: _____

Address: _____ City: _____ St: _____ Zip: _____

Seller/Lessor: _____ Purchaser/Lessee: _____

Seller/Lessor: _____ Purchaser/Lessee: _____

PLEASE NOTE:

AFTER RECEIVING APPROVAL OF THE ASSOCIATION (REQUIRED BY THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS), CHANGE OF MEMBERSHIP IN THE ASSOCIATION SHALL BE ESTABLISHED BY RECORDING IN THE PUBLIC RECORDS OF PINELLAS COUNTY, FLORIDA, A DEED OR OTHER INSTRUMENT ESTABLISHING A RECORD TITLE TO A UNIT IN THE ASSOCIATION AND THE DELIVERY TO THE ASSOCIATION OF A PHOTOCOPY OF SUCH INSTRUMENT.

Monarch Association Management, INC
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DO NOT WRITE BELOW THIS LINE

Approved: _____ Date: _____

Denied: _____ Date: _____

By: _____
Board Member

Landlord/Owner Name_____ Date:_____

Rental Property Address _____

(*Use Black Ink and Print Clearly*) (*Rental Amount: $_____*)

Standard Services

☐ National Credit Single ☐ National Credit Married ☐ Tenant Pay Form Attached

Additional Services (per applicant)

☐ ☐

☐ State of FL Criminal ☐ State of _____ Criminal ☐ National Criminal

I/We hereby allow Tenant Check and TENANT SCREENING NOW and/or the property owner/manager to inquire into my/our credit file, criminal, rental and employment history. I/We understand that on my/our credit file it will appear that Tenant Check and TENANT SCREENING NOW has made an inquiry. I/We cannot claim any invasion of privacy against them now or in the future. **If an incorrect SS# is submitted applicant will be subject to a second application fee. All** application fees are non-refundable. Your deposit is refundable if you are not accepted, however, if you are verbally accepted and then decide not to take the property your deposit in **not** refundable.

Applicant

☐ Single ☐ Married ☐ Married to Co-Applicant

SS# _____

Full Name _____

Date of Birth _____

Current Address _____

Email _____ Ph # _____

Landlord Name _____

Phone # _____ Rent $ _____

Employer _____

Occupation _____

Supervisor _____

How long _____ Work # _____

Gross Monthly Income $_____ (before tax)

Monthly Debt (loans/car payment) _____

Collections on your credit report? ☐ Yes ☐ No

Are you currently in the military? ☐ Yes ☐ No

Evictions? ☐ Yes ☐ No (Year _____)

Bankruptcy last 5 years Yes No

DL # _____ (State _____)

Signature _____

Co-Applicant

☐ Spouse ☐ Roommate or ☐ Co-Signer

SS# _____

Full Name _____

Date of Birth _____

Current Address _____

Email _____ Ph # _____

Landlord Name _____

Phone # _____ Rent $ _____

Employer _____

Occupation _____

Supervisor _____

How long _____ Work # _____

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Bankruptcy last 5 years Yes No

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Signature _____