

DUNEDIN PALMS HOMEOWNERS' ASSOCIATION, INC.
130 Patricia Avenue
Dunedin, FL 34698
(727)733-2393

APPLICATION FOR PROPOSED RENTER(S)

TO: Board of Directors Date:

Date: _____

HOMEOWNER(S) NAME: _____ **Lot #:** _____

ADDRESS: _____

Street

City **State** **Zip** **Phone Number**

I/WE, the homeowner(s), intend to rent unit number _____. The rental period is from _____ to _____, which is a **minimum rental period of three (3) months, or a maximum of one (1) year in length**, as per the DPHAI Rules and Regulations.

Please Print

RENTERS (S) NAME: _____

ADDRESS: _____

Street

Renter, please fill out the Tenant Information form, which is attached. Proof of age must be attached to this form, i.e., drivers license, passport, etc. Occupancy is limited to a maximum of two (2) individuals, one renter must be at least **55 (fifty-five)** years of age. Proposed renter(s) hereby acknowledges that he/she has read and understands this application and agrees to occupy the Cooperative parcel.

only persons named as parties on this application may regularly occupy the Cooperative parcel. Occasional overnight guests may occupy the Cooperative parcel as well, but such visitations shall be limited to a total not to exceed two (2) consecutive weeks. No guests shall be permitted to occupy the Cooperative Parcel or utilize the facilities when the renter(s) named in this agreement are not in residence. If the proposed renter(s) move in without this paperwork completed, and THE APPROVAL OF THE BOARD OF DIRECTORS, they will be subject to eviction.

Renters will receive a copy of the DPHAI Rules and Regulations regarding conduct within the park, upkeep of the property, and understand their residency will be subject to you, the homeowner(s).

I/WE HAVE RECEIVED A COPY OF THE COOPERATIVE'S RULES AND REGULATIONS, AND WILL ABIDE BY THEIR CONTENTS:

Signature of Renter **Date**

Signature of Homeowner _____ Date _____

Signature of Renter **Date**

Signature of Homeowner _____ Date _____

BOARD APPROVED/DISAPPROVED

Name	Title	Yes/No	Date
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Name	Title	Yes/No	Date
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Name	Title	Yes/No	Date
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Name _____ Title _____ Yes/No _____ Date _____

/lvb/11-03-2022

DUNEDIN PALMS HOMEOWNERS ASSOCIATION, INC.
130 PATRICIA AVE.
DUNEDIN, FL, 34698
727-733-2393
Office Lot No. 19

AGE VERIFICATION FORM

PROSPECTIVE
HOMEOWNER(s): _____

LOT: _____ SUBDIVISION: DUNEDIN PALMS

ADDRESS: 130 PATRICIA AVE., DUNEDIN, FL, 34698

Pursuant to the Fair Housing Act of 1988, the regulations strictly limit the number of homes occupied by persons under the age of 55; therefore, the following information is required. The undersigned hereby certifies that the following information is accurate and agrees to notify Dunedin Palms Homeowners Association, Inc. in the event of any change in occupancy, agrees that, in the absence of the Association's consent the undersigned will not lease or sell the above property unless at least one (1) of the occupants after the lease or sale will be fifty-five (55) years of age or older, and agrees to otherwise comply with the age policies set forth in the Association's covenants, conditions, and restrictions.

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>DATE OF OCCUPANCY</u>	<u>*TYPE OF VERIFICATION</u>

*Please attach copy of verification: Driver's License, Birth Certificate, Passport, or similar proof of age for each Homeowner/Tenant.

DATE _____

CUSTOMER NUMBER 4667**TENANT INFORMATION FORM**

I / We _____, prospective tenant(s) / buyer(s) for the property located at 130 Patricia Ave., Lot# Dunedin, FL, 34698, Managed By: _____ Owned By: _____

Hereby allow TENANT CHECK LLC and or the property owner / manager to inquire into my / our 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 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 _____

FULL NAME: _____DATE OF BIRTH: _____DRIVER LICENSE #: _____CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____PREVIOUS ADDRESS: _____HOW LONG?
Circle if Not ApplicableEMPLOYER: _____ N/A _____OCCUPATION: _____ N/A _____LENGTH OF EMPLOYMENT: _____ N/A _____WORK PHONE NUMBER: _____ N/A _____HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NOHAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NOSIGNATURE: _____PHONE NUMBER: _____**SPOUSE / ROOMMATE:**

SINGLE _____ MARRIED _____

FULL NAME: _____DATE OF BIRTH: _____DRIVER LICENSE #: _____CURRENT ADDRESS: _____

HOW LONG? _____

LANDLORD & PHONE: _____PREVIOUS ADDRESS: _____HOW LONG?
Circle if Not ApplicableEMPLOYER: _____ N/A _____OCCUPATION: _____ N/A _____LENGTH OF EMPLOYMENT: _____ N/A _____WORK PHONE NUMBER: _____ N/A _____HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NOHAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NOSIGNATURE: _____PHONE NUMBER: _____**Application Fee: \$100.00****Make Checks Payable To:
Dunedin Palms Home Owners Assoc. Inc.****Application Fee Must Accompany This Form.**

**Mail To: Ameri-Tech Community Management,
ATTN: Tim Hendrix
24701 US Highway 19 North, Suite 102
Clearwater, FL, 33763**

Email: thendrix@ameritechmail.com
Tel. Number: (727) 726-8000 Ext. 102
FAX Number: (727) 723-1101

DUNEDIN PALMS ASSOCIATION, INC.

Please Return to Ameri-Tech Community Management, Inc.
 24701 US Hwy 19 N, Suite 102, Clearwater, FL 33763
 E-mail: THENDRIX@ameritechmail.com - 727-726-8000 Ext 262

EMERGENCY CONTACT INFORMATION
 FOR OWNER OR TENANT

*Please submit to
 the office. They
 will forward to
 Ameritech*

PROPERTY ADDRESS _____ UNIT _____

Please complete the form below by PRINTING the requested information, sign & date and either hand deliver, mail, or scan & email to Ameri-Tech Community Management c/o TIM HENDRIX.

Homeowners Name(s) _____

Resident Address _____ Unit _____

Mailing Address (if different) _____

Home Telephone Number _____

Work Telephone Number _____ Text Cell Phone: YES or NO

Email _____ Cell # _____

Nearest Contact (relative, friend, neighbor) with a key (in case of emergency)

Name _____ Phone _____

Mailing Address _____

Nearest Relative (in case of emergency)

Name _____ Phone _____

Mailing Address _____

TENANT(s), if applicable _____

Home Telephone Number _____

Work Telephone Number _____ Text Cell Phone: YES or NO

E-mail _____ Cell # _____

Number of Person(s) occupying unit

Number of Pets (and type)

Adults(s) _____ Children _____

Dogs _____ Cats _____ Other _____

Vehicle(s) Make/Yr Model

Color TAG Number

PLEASE SIGN AND DATE BELOW:

Owner Signature

Date

Co-Owner Signature (if applicable)

Date

I give permission to share my personal information (phone numbers, e-mail & address) with other
 DUNEDIN PALMS ASSOCIATION, INC. owners.

DUNEDIN PALMS HOMEOWNERS ASSOC. Inc.
130 Patricia Ave., Lot 19
Dunedin, FL, 34698
(727) 733-2393

POOL WAIVER

TO: DUNEDIN PALMS HOMEOWNERS ASSOCIATION Inc. (DPHAI)

RE: POOL USE WHEN ALONE IN POOL AREA

DPHAI Rules and Regulations, Pg. 11, states:

"SWIMMING ALONE IS PERMITTED IF A SIGNED WAIVER IS ON FILE IN THE OFFICE".

By my signature below, I hereby release and hold harmless Dunedin Palms Homeowners Association Inc. (DPHAI) from ANY AND ALL LIABILITY should I choose to use the pool and surrounding area in the absence of any other person.

Signature of Homeowner

Print Name

Lot Number _____

Date: _____

A signed copy of this form is to be maintained in DPHAI files.