

DUNEDIN PALMS HOMEOWNERS' ASSOCIATION, INC.

130 Patricia Avenue

Dunedin, FL 34698

(727)733-2393

APPLICATION FOR PROPOSED RENTER(S)

TO: Board of Directors

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:

Last \_\_\_\_\_

First \_\_\_\_\_

ADDRESS:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

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 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

\_\_\_\_\_  
Name                      Title                      Yes/No                      Date

\_\_\_\_\_  
Name                      Title                      Yes/No                      Date

\_\_\_\_\_  
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 &amp; PHONE: \_\_\_\_\_

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

HOW LONG?  
Circle if Not Applicable

EMPLOYER: \_\_\_\_\_ N/A

OCCUPATION: \_\_\_\_\_ N/A

LENGTH OF EMPLOYMENT: \_\_\_\_\_ N/A

WORK PHONE NUMBER: \_\_\_\_\_ N/A

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 \_\_\_\_\_

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

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

HOW LONG? \_\_\_\_\_

LANDLORD &amp; PHONE: \_\_\_\_\_

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

HOW LONG?  
Circle if Not Applicable

EMPLOYER: \_\_\_\_\_ N/A

OCCUPATION: \_\_\_\_\_ N/A

LENGTH OF EMPLOYMENT: \_\_\_\_\_ N/A

WORK PHONE NUMBER: \_\_\_\_\_ N/A

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

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

**SIGNATURE:** \_\_\_\_\_

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](mailto: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](mailto: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.