INTERVIEW APPLICATION – BALLANTRAE CONDOMINIUM ASSOCIATION, INC.

Miller Management Services 2848 Proctor Road Sarasota, FL 34231
Phone: 941-923-5811 Fax: 941-923-5036 Email: millermgt@mindspring.com

Ballantrae St. Address: _____ Unit # _____ Move In/Closing Date ___/___/____
(Please print all answers neatly – Ballantrae does do credit/background checks)

PURCHASE: YES ☐ NO ☐ **Note: Units shall not be rented or leased for a period of 2 yrs. following acquisition of the Unit per our Governing Documents 15.2**

LEASE: YES ☐ NO ☐ If yes, Lease Term_____ Starting _____/_____/_____
(Must be for a minimum of 6 months and a maximum of 1 yr.)

APPLICANT #1 BUYER or RENTER (circle one) Gender: M____ F ____ TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME_____ Jr/Sr_____

SOCIAL SECURITY # _____ DRIVER'S LICENSE/ID # _____ STATE _____

BIRTH DATE _____ WHERE BORN _____

MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED_____ WIDOWED _____ SEPARATED _____

OTHER NAMES USED (MARRIED OR MAIDEN) _____

CURRENT ADDRESS: _____UNIT #_____CITY:_____ST_____ZIP_____
Rental_____Owned_____Single Family Home? _____Yes _____No

PHONE #_____MONTHLY RENT/MGT PAYMENT_____DATE MOVED IN _____/_____/_____

COMPLEX NAME_____MGR/OWNER NAME_____PHONE_____

REASON FOR MOVING _____

PRESENT EMPLOYER_____ADDRESS_____

CITY/STATE/ZIP_____WORK PHONE (_____) _____POSITION_____

GROSS MONTHLY INCOME_____HIRE DATE_____/____/____

SUPERVISOR'S NAME AND PHONE #_____

APPLICANT #2_____ SOCIAL SECURITY #_____

DRIVER'S LICENSE/ID # AND STATE _____ BIRTH DATE_____/_____/_____

PRESENT EMPLOYER_____ADDRESS_____

CITY/STATE/ZIP_____WORK PHONE (____) _____

POSITION_____HIRE DATE _____/_____/_____ GROSS MONTHLY INCOME _____

SUPERVISOR'S NAME AND PHONE #_____

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APPLICANT #3_____ SOCIAL SECURITY #_____

DRIVER'S LICENSE/ID # AND STATE _____BIRTH DATE_____/_____/_____

PRESENT EMPLOYER_____ADDRESS_____

CITY/STATE/ZIP_____WORK PHONE (____) _____

POSITION_____HIRE DATE _____/_____/_____ GROSS MONTHLY INCOME _____

SUPERVISOR'S NAME AND PHONE #_____

MINORS (Under 18 yrs.)

NAME_____RELATIONSHIP_____SEX_____BIRTHDATE____/____/_____

NAME_____RELATIONSHIP_____SEX_____BIRTHDATE___/____/_____

VEHICLES: (Vehicles must be garaged in the 2 car garage. No motorcycles.)

MAKE & COLOR _____YEAR_____LICENSE # _____STATE_____

MAKE & COLOR _____YEAR_____LICENSE # _____STATE_____

PETS _____YES _____NO TYPE/BREED _____WEIGHT_____AGE_____
1 dog not to exceed 25# Mature or up to 2 indoor cats)

Check only if application:

_____ HAVE YOU, YOUR SPOUSE OR ANY OCCUPANT EVER BEEN EVICTED OR ASKED TO MOVE OUT?
_____ BROKEN A RENTAL AGREEMENT?
_____ DECLARED BANKRUPTCY?
_____ BEEN SUED FOR RENT OR PROPERTY DAMAGE?
_____ BEEN CHARGED, DETAINED OR ARRESTED FOR A FELONY OR SEX CRIME THAT WAS RESOLVED BY CONVICTION, PROBATION DEFERRED ADJUDICATION, COURT-ORDERED COMMUNITY SUPERVISION OR PRETRIAL DIVERSION?
_____ BEEN CHARGED, DETAINED OR ARRESTED FOR A FELONY OR SEX CRIME THAT HAS NOT BEEN RESOLVED BY ANY METHOD?

IF NONE OF THE ABOVE IS CHECKED, YOU ARE DECLARING THAT NONE APPLY _____YES _____NO

EMERGENCY CONTACT (Someone over 18 not living with you)

NAME_____RELATIONSHIP_____

ADDRESS_____CITY/STATE/ZIP_____

WORK PHONE _____ HOME PHONE_____ CELL PHONE _____

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AUTHORIZATION: I, OR WE, DECLARE THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND AUTHORIZE BALLANTRAE CONDOMINIUM ASSOCIATION, INC. TO PERFORM CREDIT AND BACKGROUND CHECKS TO VERIFY THE ACCURACY OF THE FOREGOING APPLICATION USING THE FOLLOWING NATIONAL SERVICE BUREAU BASED IN TEXAS.

APP VERIFICATION SERVICES, INC.

APPLICANT #1 SIGNATURE _____DATE ____/____/_____

APPLICANT #2 SIGNATURE _____DATE____/____/_____

APPLICANT #3 SIGNATURE _____DATE___/____/_____

APPLICANT'S ACKNOWLEDGEMENT

I hereby agree my signature states that everything written on this application is true and subject to perjury if incorrect information is listed. I agree that I have listed all occupants who will be occupying the unit. False information listed on this application can be grounds for an eviction. If this application is approved, I, and all adult persons occupying the unit will carefully read, and all occupants will fully comply, with the Declaration, By Laws and Rules and Regulations of Ballantrae Condominium Association, Inc.

APPLICANT #1 PRINTED NAME _____PHONE _____

APPLICANT #1 SIGNATURE _____DATE _____/_____/_____

EMAIL_____

APPLICANT #2 PRINTED NAME _____PHONE _____

APPLICANT #2 SIGNATURE _____DATE _____/_____/_____

EMAIL_____

APPLICANT #3 PRINTED NAME _____PHONE _____

APPLICANT #3 SIGNATURE _____DATE _____/_____/_____

EMAIL_____

(Application must be accompanied by a $100 fee made payable to Ballantrae)

HOMEOWNER/REPRESENTATIVE(Realtor) ACCEPTANCE

I have reviewed this application and have done my due diligence. I am comfortable recommending applicant(s) for an interview and acceptance by Ballantrae.

Signature_____ Phone_____ Date ____/____/____

Printed Name _____ Email_____

(When complete, fax to Miller Management (941-923-5036) or scan and email)

BALLANTRAE BOARD OF DIRECTOR'S ACTION

Application: Approved _____ Rejected _____ Date ____/____/____

Interviewer: Name _____Position _____Signature _____