

**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 and a copy of Driver's License required for background check)**

### 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 \_\_\_\_\_