

**District on 9th**  
24701 US Hwy 19 N, Suite 102, Clearwater, FL 33763  
Phone (727) 726-8000 ext. 247  
[jkidd@ameritechmail.com](mailto:jkidd@ameritechmail.com)

**To ensure that your rental application is processed efficiently, please remit the following:**

- ☐ **Application with all fields completed and signed by applicant(s)**
- ☐ An executed copy of the lease contract
- ☐ Minimum lease period is for a term of no less than one (1) year.
- ☐ Payment for Background check. (\$50 per applicant)

*Applicant(s) may not take possession of the unit until a background check is completed and approval is granted by the Board of Directors.*

Unit Number: \_\_\_\_\_ Unit Address: \_\_\_\_\_

Current Owner(s)/Landlord: \_\_\_\_\_

Realtor: \_\_\_\_\_ Phone: \_\_\_\_\_  
(if applicable)

Rental Occupancy Dates From: \_\_\_\_\_ To: \_\_\_\_\_

**1<sup>st</sup> Applicant:** \_\_\_\_\_  
First Middle Initial Last

Current Address: \_\_\_\_\_  
Street Address City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_) \_\_\_\_\_

SS# \_\_\_\_\_ Gender : \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Month Date Year

Drivers License # and/or US Photo ID \_\_\_\_\_ State Issued \_\_\_\_\_  
(please circle form of ID provided)

Email Address: \_\_\_\_\_

**2<sup>nd</sup> Applicant:** \_\_\_\_\_  
First Middle Initial Last

Current Address: \_\_\_\_\_  
Street Address City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_) \_\_\_\_\_

SS# \_\_\_\_\_ Gender : \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Month Date Year

Drivers License # and/or US Photo ID \_\_\_\_\_ State Issued \_\_\_\_\_  
(please circle form of ID provided)

Email Address: \_\_\_\_\_

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Additional occupants that will reside in this unit:

1) \_\_\_\_\_ Birth Date: \_\_\_\_\_  
2) \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Vehicle Information:**

Automobile (1): Make: \_\_\_\_\_ Year: \_\_\_\_\_ License # \_\_\_\_\_  
Automobile (2): Make: \_\_\_\_\_ Year: \_\_\_\_\_ License # \_\_\_\_\_

**Tenant References**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF RULES AND REGULATIONS**

**RENTER** states that he/she has received a copy of the Association's Rules and Regulations and that he/she has read these documents, understands their content and agrees to abide by all the conditions and terms therein, and all reasonable future rules and regulations officially enacted by the Association.

\_\_\_\_\_  
Renter (Signature) Date Renter (Signature) Date

**APPLICANT DISCLOSURE AGREEMENT**

Applicant(s) represents that the information provided herein is true and correct and hereby consents and authorizes, by signature, the release of public records, credit report, employment verification, rental or lease information, whether by fax, verbal, photo copy or original signature, to the Association's Board of Directors or its agent now or in the future.

\_\_\_\_\_  
Applicant (Signature) Date Applicant (Signature) Date