

Coachman Creek Condominium  
2625 State Road 590 Office  
Clearwater, FL 33759  
727-797-9701  
ccreekcondos@tampabay.rr.com

**ALL FEES AND NON-REFUNDABLE  
ALLOW PROCESSING TIME OF TWO WEEKS**

**SALES PROCEDURE: Must provide 1<sup>st</sup> page of Sale and Purchase Contract  
And Government Photo ID for 18 And Older**

1. All buyers & buyer's children 18 years or older must complete a Tenant Check form. Criminal & Credit Check fee \$100.00 Per Adult Person (18 yrs & older). International background check varies, contact office for info.  
Application Fee: \$150.00  
Forms can be mailed, emailed, placed in drop box (by office door), or in person.  
We accept Check, Money Order or Cashier Check ONLY, NO CASH.  
An application form must be completed, and all individuals residing in the unit must be listed on the form regardless of age. Additional forms can be obtained at the office. If buyer has a roommate, they must also go through the application process including the background check, all fees apply. **Above fees payable to Coachman Creek Condos.**
2. The office will contact the buyers for a mandatory face-to-face interview.
3. Owner name(s) appearing on the deed will receive a free parking decal.  
Children of driving age, or other applicants will be required to purchase a decal for \$20.00.
4. Interviews on Bank owned properties will not be conducted until proof all funds owed to the Association have been satisfied.
5. Buyer should obtain from current owner: Copy of Declaration, Mailbox Key (Please ask seller for Mailbox location), Unit Keys, Pool Key (\$50 replacement cost)
6. For Questionnaires contact AMERITECH: 727-726-8000 a \$225 fee applies.  
Send payment to Ameritech Management, 24701 US Highway 19 N, Clearwater FL 33763  
Or you can drop off check or money order at Coachman Creek Condo Office drop box.

**ALL BUYERS SHOULD HAVE REVIEWED THE DECLARATION AND  
RULES AND REGULATIONS PRIOR TO PURCHASE.**

**RESTRICTIONS:**

1. No rentals during first year of ownership. During the first year the unit must be occupied by a bona fide owner(s) or left empty.
  2. New owner(s) must be present during the first year while having visitors. Only immediate family may visit the unit in the absence of the owner after the first year with notification to the office.
  3. Units must be purchased by a natural person(s). No Corporations, LLC's, partnerships, etc.
- Revised 3/2024

COACHMAN CREEK CONDOMINIUM ASSOCIATION, INC  
A Corporation Not -for-Profit  
FREQUENTLY ASKED QUESTION AND ANSWERS

Q: What are my voting rights in the Condominium Association?

A: Subject to the provisions and restrictions set forth in the By Laws of the Association, each unit is entitled to one vote.

Q: What are the monthly maintenance fees for my unit and when are they due?

A: Maintenance fees are based on the square footage of the unit. See Declaration. There are 5 different unit sizes. All fees are due on the first of each month and considered late after the (10<sup>TH</sup>) tenth. There is a \$25.00 late fee.

Q: What restrictions exist on my right to use my unit?

A: Units are to be used for residential purposes only. All monthly assessments must be made on time. Unit must be maintained in good condition. Signs may not be affixed to doors or windows. Visitors are allowed for 6 weeks within a year's period. Rentals are not allowed during the first year of ownership. The unit must be occupied by a bona fide owner or remain empty. Owners must be present to entertain visitors during the first year of ownership. Units must be titled in the name of a natural person. No dogs allowed. See complete set rules and regulations.

Q: How many persons may reside in a unit?

A: 2 persons per bedroom.

Q: What is included in my monthly fee?

A: Water, sewer, trash, Insurance for common elements, service contracts (grounds & pool). Basic cable is NOT included.

Q: What is the Condominium's pet policy?

A: Domestic Indoor Cat, Non Nuisance Indoor Birds or Tropical Fish. No Dogs Allowed.

Q: What are the parking restrictions?

A: No trucks larger than ½ ton. No motorcycles can park in assigned space. Visiting bikes must park at the tennis courts and leave by 6pm. No commercial vehicles, boats, mopeds, trailers, or PODS.

Q: What are the leasing restrictions?

A: No Rental allowed the first year of ownership. All prospective tenants must pass a criminal background & credit check (\$100.00 pp). Complete an application and attend an in person interview (\$150.00 fee). Purchase vehicle decals (\$20.00 per vehicle), and refundable (\$300.00) security deposit paid and held in escrow. Guest of renter must be approved by Unit Owner in writing. Pets of renter must be documented in lease. No Dogs allowed.

The statements contained herein are only summary in nature. A prospective purchaser should refer to all references, the condo declaration, and the rules and regulations of the condominium.

Revised 1/2022

**COACHMAN CREEK CONDOMINIUM ASSOCIATION**  
**APPLICATION FOR SALE OR TRANSFER OF UNIT: \$150.00 APP FEE**  
**Must provide 1<sup>st</sup> page of Sale and Purchase Contract**

Application is made for Sale or Transfer of Condominium Unit # \_\_\_\_\_, We represent the following information to be true and consent to further inquiry concerning this information. All persons residing within the unit must be listed on the application. After closing, a copy of Transfer of Title or Copy of Deed is required.

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

Closing date: \_\_\_\_\_ Agent: \_\_\_\_\_

Title Co Name: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Children's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Children's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Auto Make, Tag #1: \_\_\_\_\_ #2 : \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

The execution below acknowledges receipt of the Condominium Documents. The undersigned agrees to abide by said documents and rules and regulations. I understand there is a rental restriction during the first year of ownership, and only recorded deed holders are allowed to reside in the unit with immediate family members, spouse or domestic partner.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS APPROVAL IS CONTINGENT UPON ALL FEES DUE TO THE ASSOCIATION PAID IN FULL THROUGH THE CLOSING DATE.**

**FOR OFFICE USE ONLY:**

Maintenance fee: \$ \_\_\_\_\_

Paid through: \_\_\_\_\_

Special Assessments: \$ \_\_\_\_\_

Balance Owed: \$ \_\_\_\_\_

APPROVAL IS HEREBY GIVEN FOR THE TRANSFER OF UNIT# \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Non refundable Background/Credit fee: \$100 per adult, 18 years and older : Check# \_\_\_\_\_ Date \_\_\_\_\_

Non refundable Application fee: \$150.00 Check# \_\_\_\_\_ Date \_\_\_\_\_

Vehicle Decal# \_\_\_\_\_ Issued Date: \_\_\_\_\_

Vehicle Decal# \_\_\_\_\_ Issued Date: \_\_\_\_\_

Summary of Rules and Regulations for  
Coachman Creek Condominium Association Inc.

**PLEASE INITIAL & SIGN FOR UNIT # \_\_\_\_\_**

Initial

- \_\_\_\_\_ 1. **BUSINESS LIMITATIONS.** No industry, business, or profession shall be conducted or permitted on any part of the Condominium property. Condo must be in individual(s) name.
- \_\_\_\_\_ 2. **SINGLE FAMILY USE.** No unit shall be used for any purpose other than single family residential use. Single family shall mean one or more persons who are related by blood, marriage or adoption, or no more than two unrelated persons living as a single housekeeping unit.
- \_\_\_\_\_ 3. **OCCUPANCY.** No unit shall be occupied by no more than 2 persons for each bedroom. Leases must be approved by the Association. Owners are responsible for renting their units and for obtaining a rental packet and informing their tenant of all fees, rules and regulation, and criteria relating to a criminal background. Management has 20 days to approve an application.
- a. Only those approved at the time of interview will be legal occupants of the unit.
  - b. No subleasing, or any other change in occupancy is permitted.
- \_\_\_\_\_ 4. **VISITORS/GUEST.** Residents shall be permitted to have a visitor(s) up to 3 weeks during any 6 month period. Guest staying over 6 weeks in 1 years time must go through Association approval process. Visitor(s) staying longer then 2 days must display a temporary parking pass. Rentals: Guest must be approved by Unit Owner.
- \_\_\_\_\_ 5. **PETS.** Only indoor domesticated cats, small birds and fish are allowed. No dogs allowed. No other animals shall be permitted. No nuisance birds will be tolerate. Lease shall document all children and pets.
- \_\_\_\_\_ 6. **VEHICLES AND PARKING.** All residents must display a CCC parking decal in back window. Vehicles cannot be backed in. Vehicle repairs on property are not permitted. Car Washing only on Saturdays with hose and nozzle that can be shut off. Guest must park in Guest spaces only and Guest staying longer then 2 days need a temporary parking pass. Rentals: Guest passes must be approved by Unit Owner.
- \_\_\_\_\_ 7. **COMMON ELEMENTS.** All walkways and stairways must be kept clear. No resident shall place or install flower pots, plants, flowers, bushes, trees or any landscaping on the common area.
- a. Taking over a common area is prohibited. Bicycles must be stored on the back porch/patio.
  - b. Condominium property shall be kept clean and free of rubbish and garbage.
  - c. No baby wipes, hand satirizer wipes, Lysol wipes or cat litter can be flushed down the toilet.
- \_\_\_\_\_ 8. **BALCONIES AND PORCHES.** All balconies must be kept clear and uncluttered. Objects shall not be permitted to hang over or protrude the outside of the balcony wall. Gas, charcoal grills, laundry, garments, towels, objects over 42 inches shall not be placed on the balcony or porch. Only electric grills will be allowed. Clothes lines are not permitted. No carpet or tile shall be installed on balcony floor, only paint.
- \_\_\_\_\_ 9. **WINDOW TREATMENTS:** Window treatments facing the roadway(s) must be white.
- \_\_\_\_\_ 10. **NUISANCE PROHIBITED.** No nuisances shall be permitted on the condominium property nor any use or practice that is a source of annoyance to residents peaceful possession of property. No immoral, improper or offensive use shall be allowed. No Loitering Allowed.
- a. Disturbances requiring police intervention will be deemed a violation.
  - b. Construction work outside of 8am-8pm shall be deemed a violation.
- \_\_\_\_\_ 11. **SECURITY DEPOSIT.** Rentals - A refundable security deposit (\$300) is held in escrow to protect the Association against damages to the common element by a lessee. Dumping of furniture on the common area will result in the forfeiture of any deposit being held. No Rentals Allowed First Year Of Ownership.

Signature

Date

Signature

Date

# BACKGROUND INFORMATION FORM

DATE: \_\_\_\_\_

I / We \_\_\_\_\_, prospective  
tenant(s) / buyer(s) for the property located at \_\_\_\_\_,  
Managed By: \_\_\_\_\_ Owned By: \_\_\_\_\_

Hereby allow TENANT CHECK and or the property owner / manager to inquire into my / our credit file (if applicable), 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 credit file (f applicable) it will appear the TENANT CHECK has made an inquiry. I / We cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

### PLEASE PRINT CLEARLY

| <u>INFORMATION</u>                           |               | <u>SPOUSE / ROOMMATE</u>                     |               |
|--|---------------|--|---------------|
| SINGLE _____                                 | MARRIED _____ | SINGLE _____                                 | MARRIED _____ |
| SOCIAL SECURITY #:                           |               | SOCIAL SECURITY #:                           |               |
| FULL NAME:                                   |               | FULL NAME:                                   |               |
| DATE OF BIRTH:                               |               | DATE OF BIRTH:                               |               |
| DRIVERS LICENSE #:                           |               | DRIVERS LICENSE #:                           |               |
| CURRENT ADDRESS:                             |               | CURRENT ADDRESS:                             |               |
|  | HOW LONG?     |  | HOW LONG?     |
| PREVIOUS ADDRESS                             |               | PREVIOUS ADDRESS                             |               |
|  | HOW LONG?     |  | HOW LONG?     |
| EMPLOYER:                                    |               | EMPLOYER:                                    |               |
| OCCUPATION:                                  |               | OCCUPATION:                                  |               |
| LENGTH OF EMPLOYMENT:                        |               | LENGTH OF EMPLOYMENT:                        |               |
| WORK PHONE NUMBER:                           |               | WORK PHONE NUMBER:                           |               |
| HAVE YOU EVER BEEN ARRESTED?<br>(CURCLE ONE) | YES NO        | HAVE YOU EVER BEEN ARRESTED?<br>(CURCLE ONE) | YES NO        |
| SIGNATURE:                                   |               | SIGNATURE:                                   |               |
| PHONE NUMBER:                                |               | PHONE NUMBER:                                |               |

**IF THE WRONG SOCIAL SECURITYNUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.**

**A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARMENT COMPLEXES / MOBILE HOME PARKS / CONCOMINIUM ASSOCIATIONS / EMPLOYERS**

**TENANT CHECK FAX #: (727) 942-6843**

COACHMAN CREEK CONDOMINIUM ASSOCIATION, INC

EMERGENCY CONTACT INFORMATION SHEET

UNIT# \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Primary phone#: \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_

Secondary phone#: \_\_\_\_\_

Email address: \_\_\_\_\_

Alternative  
Emergency contact: \_\_\_\_\_

Phone# \_\_\_\_\_

Relationship: \_\_\_\_\_

If your unit is rented:

Tenant Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**WHEN A UNIT IS EXPECTED TO BE VACANT FOR A PERIOD of 48 HOURS, IT IS THE RESPONSIBILITY OF THE OWNER TO TURN OFF ALL WATER SUPPLY TO ALL APPLIANCES. IF A UNIT IS VACANT THE OWNER MUST ARRANGE FOR SOMEONE TO INSPECT THE UNIT WEEKLY. IT IS RECOMMENDED IF UNIT IS VACANT, THE A/C OR FAN SHOULD BE SET TO AUTO RUN TO HELP KEEP MOISTURE AND MOLD OUT OF UNIT.**

COACHMAN CREEK CONDOMINIUM ASSOCIATION, INC.

VOTER AUTHORIZATION CERTIFICATE

THIS IS NOT A PROXY. THIS IS ONLY TO DESIGNATE A VOTER FOR EACH UNIT.

We, the undersigned, being all of the owners of Unit \_\_\_\_\_, do hereby certify that the following named one of us is the authorized voter for the foregoing unit, and shall remain such designated voter until this certificate is revoked by subsequent certificate.

NAME OF AUTHORIZED VOTER: \_\_\_\_\_

DATE THIS FORM COMPLETED: \_\_\_\_\_

(Select the category below which describes your form of ownership and sign in the appropriate places.):

(a) We are all natural persons who are owners of the above-described unit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(b) We are the President or Vice-President, and Secretary or Assistant Secretary of the Corporation which owns the above-described unit.

\_\_\_\_\_  
President / Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary / Asst. Secretary

\_\_\_\_\_  
Date

(c) I am a General Partner of the general or limited partnership which owns the above-described unit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(d) I am a Trustee of the Living Trust that owns the above referenced unit.

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Date

# Truist Association Pay (ACH) Authorization

Truist Association Services Phone: 727-549-1202 or Toll Free Phone: 888-722-6669

Toll Free Fax: 866-297-8932 Email Address: ASDAutopay@Truist.com

Sign up to automatically pay your association payment from your checking or savings account at any U.S. financial institution. We are unable to accept authorizations for accounts located outside of the United States.

Enroll online through the 25th of the month to be effective for the next debit month by visiting [Truist.com/Payments](http://Truist.com/Payments). If your association is not set up for online enrollment, complete the authorization form below. Complete a separate authorization form for each payment obligation.

**To enroll by U.S. mail** - Complete the authorization form below and attach a voided check. Mail form to **Truist Association Services, P.O. Box 2914 Largo, FL 33779-2914**. Continue to make your payments until you are notified by the bank when your automatic payment will start.

## Association Pay Terms and Conditions:

- You are enrolling in Association Pay to authorize recurring payments through electronic funds transfers by ACH debit entries.
- **When your payment is due, your account is debited automatically on the 3rd of the month. If the 3rd is on a weekend or holiday, your account is debited the next business day.**
- Payments will appear as **your full or abbreviated Association Name** on your bank statement.

Paper authorizations must be received by the 20th of the month to be effective for the next debit month. If the 20th falls on a weekend or holiday, the deadline is the last business day prior to the 20th. This Authorization will remain in effect until Truist receives written notice from you or your association or its management company to cancel or change it. You hereby authorize Truist to accept changes in amounts or account information or cancellation of this Authorization from the association or its management company. Notice from you must be in writing and sent to the address referenced below or faxed to Truist Toll Free Fax: 866-297-8932. Notice must be received by Truist on or before the 27th of the month to be effective for the next debit date. When the 27th of the month falls on a weekend or holiday, the deadline is the last business day prior to the 27th. Some exceptions apply; visit [Truist.com/Payments](http://Truist.com/Payments) to view the Association Pay deadline calendar. You may print a Cancel or Change Request for Association Pay from the Truist Online Payment System or online at [Truist.com/Payments](http://Truist.com/Payments). All payments initiated for debit are subject to acceptance by the designated financial institution. All ACH transactions authorized herein must comply with applicable U.S. law. Your completion of this authorization form indicates your agreement to be bound by the NACHA Operating Rules. For questions, contact Truist Association Services Toll Free at 888-722-6669. Doc ID# 109

Truist Bank, Member FDIC.

## Keep top section for your records

Mail enrollments, cancels or changes to Association Pay: Truist Association Services – P.O. Box 2914, Largo, FL 33779-2914

Attach voided check when applicable

## Association Pay (ACH) Authorization

Return bottom section

Association or Community Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Bank Account Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Routing No. \_\_\_\_\_

Checking  Savings  Account No. \_\_\_\_\_ Check box if account to debit is a business account.

By signing this authorization, you agree to the following: 1) I have read and agree to the Terms and Conditions provided and 2) I am authorized to initiate transactions on the account provided. I authorize a) the above named association to debit/credit the account to process my association payments b) Truist to initiate electronic funds transfers by ACH debit/credit entries to the account for the purpose of processing those payments and c) the financial institution to withdraw and/or credit payments from/to my account. Doc ID# 109

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Email \_\_\_\_\_ Effective Month for ACH to start \_\_\_\_\_

| BILL PAY ACC#: | SERIAL #: | Unit #: | FREQ: | GROUP #: |
|----------------|-----------|---------|-------|----------|
|----------------|-----------|---------|-------|----------|