

COACHMAN CREEK CONDOMINIUM ASSOCIATION INC.
RENTAL APPLICATION \$150 APP FEE PLUS \$100 BACKGROUND FEE PER PERSON (18yrs & older)

I/We intend to lease Unit # _____ for the period starting _____ and ending _____.
No Short-Term Leases Allowed, Rentals must be one-year lease or longer!

I/We represent the information I/We provide is true and factual and are aware any falsification or misrepresentation of the facts in this application will result in automatic rejection of the application. I/We consent to knowing the Association may make further inquiries concerning the application and authorize the disclosure of such information to the Association or Unit Owner.

I/WE WILL BE BOUND BY THE DECLARATION OF CONDOMINIUM, THE BY-LAWS, THE ARTICLES OF INCORPORATION AND THE RULES AND REGULATIONS SET FORTH BY THE ASSOCIATION, BOARD OF DIRECTORS AND MANAGEMENT TEAM. _____ (must be initialed)

I/WE WILL NOT SUBLET OR ASSIGN THE LEASE FOR THIS UNIT TO ANY OTHER PERSON OR PARTY. ALL GUEST MUST BE APPROVED IN WRITING FROM THE UNIT OWNER. _____ (must be initialed)

I/WE WILL PROVIDE A SIGNED COPY OF THE LEASE TO COACHMAN CREEK OFFICE. NO PARKING DECALS WILL BE ISSUED WITHOUT SIGNED LEASE. _____ (must be initialed)

PET(S) NEED TO BE APPROVED IN WRITING AND DOCUMENTED IN THE LEASE BY UNIT OWNER. NO DOGS WILL BE ALLOWED. _____ (must be initialed)

Homeowner's Name: _____ Phone Number / Email: _____

SECTION #1: GENERAL INFORMATION

Name of Lessee: _____ Phone Number: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Employer: _____ Phone: _____

Name of Lessee: _____ Phone Number: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Employer: _____ Phone: _____

Other Occupants Name: _____ Date of Birth: _____ Relationship: _____

Other Occupants Name: _____ Date of Birth: _____ Relationship: _____

In Case of Emergency Contact: Name: _____ Phone Number: _____

SECTION #2: VEHICLE INFORMATION

Only one (1) Decal can be purchased (\$20 check or money order) per licensed driver on lease. All vehicles requiring a decal must be registered to lease occupant. Only tenant(s) on lease will be allowed parking decals. Visitor / Guest of lessee must be approved in writing from Unit Owner before Visitor / Guest pass will be issued.

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

PLATE #: _____ STATE: _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

PLATE #: _____ STATE: _____

SECTION 3: ACKNOWLEDGEMENT

I/We understand any violation(s) of the lease terms or provisions and covenants of Coachman Creek Condominium Association can result in termination of the lease and removal from the property. I/We have read and understand the Rules and Regulations of the Association and agree to abide by them all. Failure to comply will result in termination of approval to be on property and can lead to an eviction by Owner/Association.

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

_____ FOR OFFICE USE ONLY _____

Background/Credit Fee: \$100 pp _____

Security Deposit \$300: _____

Application Fee: \$150 _____

Vehicle Decal Fee: \$20 per decal _____

Lease: _____

Decal #: _____ Date Issued: _____

Decal #: _____ Date Issued: _____

Notes:

DATE _____

CUSTOMER NUMBER _____

TENANT INFORMATION FORM

I / We _____, prospective tenant(s) / buyer(s) for the property located at _____,

Managed By: _____ Owned By: _____,

Hereby allow TENANT CHECK LLC and or the property owner / manager to inquire into my / our credit file, 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 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:

SPOUSE / ROOMMATE:

SINGLE _____ MARRIED _____

SINGLE _____ MARRIED _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

FULL NAME: _____

FULL NAME: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____

CURRENT ADDRESS: _____

HOW LONG? _____

HOW LONG? _____

LANDLORD & PHONE: _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____

PREVIOUS ADDRESS: _____

HOW LONG? _____

HOW LONG? _____

EMPLOYER: _____

EMPLOYER: _____

OCCUPATION: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

WORK PHONE NUMBER: _____

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

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

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

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

SIGNATURE: _____

SIGNATURE: _____

PHONE NUMBER: _____

PHONE NUMBER: _____

TENANT CHECK HOURS OF OPERATION:

MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m.

SATURDAY : 11:00 a.m. - 4:00p.m.

ALL ORDERS RECEIVED AFTER 4:30 p.m. (3:00 p.m. on Sat.) WILL BE PROCESSED THE NEXT BUSINESS DAY

TENANT CHECK FAX #: (727) 942-6843

IF THE WRONG SOCIAL SECURITY NUMBER 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 / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS