



**PHILIPPE BAY ASSOCIATION
LEASE APPLICATION
A Deed Restricted Residential Community**

This application may be completed by the Owner or the Tenant
Information is Confidential

Please submit a \$100 processing fee with the application to the property management company listed in Philippe Bay Contacts to prior to your tenant moving onto the property.

1. If any questions are not answered or left blank, the application will be returned, not processed and the lease will not be approved.
2. This form must be signed by the tenant.
3. Misrepresentation or false information will result in denial of the lease.

UNITOWNER INFORMATION:	
Name: Click here to enter text.	
Address of Unit: Click here to enter text.	
Mailing Address: Click here to enter text.	
Home Phone: Click here to enter text.	
Work Phone: Click here to enter text.	
Cell Phone: Click here to enter text.	
Email Address: Click here to enter text.	
Start Date of Lease (6 month minimum): Click here to enter a date.	End Date of Lease (6 month minimum): Click here to enter a date.
Have you provided a copy of the Association's Governing Documents to your tenant?	Yes <input type="checkbox"/>
Have you reviewed the community rules and regulations with your tenant?	Yes <input type="checkbox"/>
Have you reviewed the community rules and regulations with your tenant?	Yes <input type="checkbox"/>
Does your tenant understand Philippe Bay is deed restricted?	Yes <input type="checkbox"/>

TENANT INFORMATION
Name: Click here to enter text.
Address of Unit: Click here to enter text.
Home Phone: Click here to enter text.
Work Phone: Click here to enter text.
Cell Phone: Click here to enter text.
Email Address: Click here to enter text.
ADDITIONAL OCCUPANTS

Name: Click here to enter text.	Relationship: Click here to enter text.
Phone: Click here to enter text.	Email: Click here to enter text.
ADDITIONAL OCCUPANTS:	
Name: Click here to enter text.	Relationship: Click here to enter text.
Phone: Click here to enter text.	Email: Click here to enter text.
ADDITIONAL OCCUPANTS:	
Name: Click here to enter text.	Relationship: Click here to enter text.
Phone: Click here to enter text.	Email: Click here to enter text.

EMERGENCY CONTACT INFORMATION:	
Name Click here to enter text.	
Address Click here to enter text.	
Phone Number Click here to enter text.	Email Click here to enter text.

THERE IS A LIMIT OF 2 DOMESTIC PETS PER UNIT	
Please complete the following information in case we cannot reach you in an emergency:	
Pet 1 (type & name) Click here to enter text.	
Pet 2 (type & name) Click here to enter text.	

I have received a copy of the community Rules and Regulations	Yes <input type="checkbox"/>
I have received a copy of the Governing Documents	Yes <input type="checkbox"/>
I understand Philippe Bay is a deed restricted community	Yes <input type="checkbox"/>
I have received the pool key	Yes <input type="checkbox"/>

REFERENCES - PLEASE SUPPLY TWO REFERENCES - FAMILY MEMBERS MAY NOT BE REFERENCES.	
1. Name Click here to enter text.	
Phone Number Click here to enter text.	Email Address Click here to enter text.
2. Name Click here to enter text.	
Phone Number Click here to enter text.	Email Address Click here to enter text.
I understand my signature below acknowledges the information I have supplied is truthful and complete.	
SIGNATURE OF TENANT: Click here to enter text.	

Approved By (Signature of Board Memberj)	Date : Click here to enter a date.
Print name :Click here to enter text.	

CUSTOMER NUMBER 2325 - AMERI-TECH

PROPERTY / ASSOCIATION - _____

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, 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 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: _____
DRIVER LICENSE #: _____	DRIVER LICENSE #: _____
CURRENT ADDRESS: _____ HOW LONG? _____	CURRENT ADDRESS: _____ HOW LONG? _____
LANDLORD & PHONE: _____	LANDLORD & PHONE: _____
PREVIOUS ADDRESS: _____ HOW LONG? _____	PREVIOUS ADDRESS: _____ 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: _____

IMPORTANT
Please complete this form and return it to Ameri-Tech with your owner/tenant application. Applications received without this form will not be processed.

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