



# CAPE HAZE RESORT

8401 Placida Rd ♦ Cape Haze, FL 33946 ♦ 941-697-6595

[www.capehazerestort.org](http://www.capehazerestort.org)

## Policy on Rentals & Guests

After careful consideration, the Board of Directors has determined the policy for Previous Renters, Owner's Guests, and First Time Renters. The Association must establish consistent requirements for all applicants, and the following policy is intended to expedite and simplify the approval process.

**Previous Renter and Guest Application Form:** This process is for previous renters that have rented within the past two (2) years and guests who will be parking a vehicle, or who will occupy a unit during the owner's absence. The application form will require the applicant/guest to identify the proposed occupants of the unit and to specify the duration of their stay. This process will not require a background check or an application fee.

**First Time Rental Application Form:** This process will require the applicant to identify the proposed occupants of the unit and to specify the duration of their stay. This process will require a background check and a \$150.00 (Domestic) or \$300.00 (International) application fee for each married couple and or adult occupant. The check should be payable to: Cape Haze Resort.

In all cases, a written form of lease or other occupancy agreement will be required, and a copy must be provided for our records. The Association reserves the right to approve the form of lease or other occupancy agreement in all cases.

In order to do a background check, we will collect the following information-

Social Security Number

Birthdate

Copy of the proposed Occupant's Driver's License or Passport

The results of background and eviction checks for First Time Rental Applications would elicit information, such as felony convictions, bankruptcy, evictions, or public disturbances, to be used in evaluating the applicant's character and fitness. The Board has authorized Management to approve or deny applications based on the results of the background checks. Management would review each application form and ensure that the required information and fee are received. All Management decisions are subject to review by the Board.

Unit owners must be mindful that, while these procedures are intended to screen out undesirable applicants, they cannot supersede owners' responsibility to know your tenants and guests, verify their suitability and creditworthiness, and ensure their compliance with our rules and regulations.



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## APPLICATION TO LEASE

### MUST INCLUDE:

- Completed Application.
- Completed background check forms (U.S. or International) for each applicant and adult occupant.
- \$150 (Domestic) or \$300 (International) fee for background check for each married couple and or adult occupant payable to: CAPE HAZE RESORT (A, B, or C depending on association)
- Previous Renters (within past 2 years) or Owner Guests do not have to submit the background forms or pay the fees.
- Copy of current driver's license or passport for each applicant and adult occupant.
- All of the above must be received by the Property Manager 30 days before occupancy.
- An executed lease must be received by the Property Manager 15 days before occupancy.
- Mail to: Cape Haze Resort, 8401 Placida Rd, Cape Haze, FL 33946

### Property Information:

Current Owner's Name: \_\_\_\_\_ Cape Haze Address: \_\_\_\_\_

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

Rental Agent (if applicable): \_\_\_\_\_ Company: \_\_\_\_\_

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

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### Applicant Information (circle if applicant or owner guest):

Name of Applicant/Guest: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Proposed Lease Dates \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

(If applicable) Name of Co-Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Renter:** Yes \_\_\_ No \_\_\_ Building \_\_\_\_\_ Unit \_\_\_\_\_ Date Rented \_\_\_\_\_

**Cape Haze Resort may contact me via email and/or phone to deliver pertinent information:**

YES

NO

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### Emergency Contact Information:

In case of emergency notify: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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**Automobile Information:**

Automobile # 1: Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Automobile # 1: Year: \_\_\_\_\_ Make: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**If owner permits dog:**

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight\*: \_\_\_\_\_ Color: \_\_\_\_\_

**NOTE – There can be no more than 2 dogs, two cats or one dog and one cat per unit. \***

*\* If you have recognized ADA disabilities that require a service animal that will cause you to exceed the abovelimits. Forms located on the Cape Haze Resort website must be submitted to the appropriate board requesting approval of reasonable accommodation and verification of disability.*

**OCCUPANT INFORMATION (other than applicant):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

I will notify Cape Haze Resort at 8401 Placida Road, Cape Haze FL, 33946, 941-697-6595, if my lease dates change. I agree to abide by Cape Haze Resort Bylaws, Declarations, and Rules & Regulations while leasing property at Cape Haze Resort and to review the documents available on the Cape Haze web site [www.capehazerestort.org](http://www.capehazerestort.org) . The rules are listed under the Renters and Guest tab. If I don't have web access, I will obtain a copy of the documents from the Property Manager.

I understand that Cape Haze Resort borders a nature preserve. I agree to hold Cape Haze Resort harmless for any occurrences related to its proximity to this preserve. I am cognizant that from time-to-time alligators, boars, bobcats, snakes, etc. will be observed in or near the preserve or within the Cape Haze Resort property. I agree not to feed these animals or attempt to interact with them in any way.

This paragraph must be included in your lease. **“A covenant shall exist upon the part of each such tenant or occupant to abide by the Rules and Regulations of the Association and the terms and provisions of the Association’s Declaration of Condominium and Bylaws. The Landlord/Unit Owner designates the Association as the Landlord’s/Unit Owner’s agent for the purpose of and with the authority to terminate any such lease agreement inthe event of violations by the tenant or occupant of such covenant.”**

**The applicant has been provided the Cape Haze Rules and Regulations and understands that they apply to all occupants.**

By signing this application, the applicant recognized that the Association will investigate the applicant’s criminal background. If information is found to be incomplete or inaccurate it is grounds for denial of application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

DISCLOSURE AND AUTHORIZATION AGREEMENT  
REGARDING CONSUMER REPORTS

**DISCLOSURE**

CAPE HAZE RESORT may request one or more consumer reports or investigative consumer reports about you for **residential** purposes. These reports may include information on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which may be used as a factor in making a **residential**-related decision about you. Such information may include credit reports, criminal history, civil records, etc. or personal interviews with your current or prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information.

**AUTHORIZATION**

By signing below, I agree that I have read and understand the foregoing Disclosure and hereby authorize AmeriCheckUSA to obtain consumer reports or investigative consumer reports about me for **residential** purposes. I further authorize CAPE HAZE RESORT and AmeriCheckUSA to share the information with any person involved in the **residential** decision about me. This Authorization is no longer valid after 90 days of date signed, and you also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

**READ, ACKNOWLEDGED AND AUTHORIZED**

\_\_\_\_\_  
Print Name (One Person Per Form)

\_\_\_\_\_  
Signature (One Person Per Form)

\_\_\_\_\_  
Date

- For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.

Grande - Cape Haze Resort / Ref# \_\_\_\_\_

**RESIDENTIAL SCREENING REQUEST**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_

Tel#: \_\_\_\_\_ Cel#: \_\_\_\_\_

Are you Buying or Renting? \_\_\_\_\_

Employer: \_\_\_\_\_ N/A \_\_\_\_\_ Tel#: \_\_\_\_\_ N/A \_\_\_\_\_

Supervisor: \_\_\_\_\_ N/A \_\_\_\_\_ Salary: \_\_\_\_\_ N/A \_\_\_\_\_

Employed From: \_\_\_\_\_ N/A \_\_\_\_\_ To: \_\_\_\_\_ N/A \_\_\_\_\_ Title: \_\_\_\_\_ N/A \_\_\_\_\_

Landlord: \_\_\_\_\_ N/A \_\_\_\_\_ Tel#: \_\_\_\_\_ N/A \_\_\_\_\_

Property Name: \_\_\_\_\_ N/A \_\_\_\_\_ Rent: \_\_\_\_\_ N/A \_\_\_\_\_

Rented From: \_\_\_\_\_ N/A \_\_\_\_\_ To: \_\_\_\_\_ N/A \_\_\_\_\_

*I have read and signed the Disclosure and Authorization Agreement.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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## Application Checklist

In order to expedite the approval process, please check to make sure all items below are included with your application.

- A completed and signed application.
- Each adult occupant must complete and sign both background check forms (Residential Screening & Disclosure). Previous renters that have rented within the past 2 years and Owners guests do not have to submit the background forms or pay the \$150.00 (Domestic) or \$300.00 (International) fee. Please provide previous rental date and unit # so we can verify the previous rental.
- Enclose a check for \$150.00 (Domestic) or \$300.00 (International) per married couple or per adult occupant.
- A copy of each adult occupant driver's license or passport.

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