

Bayview Homeowner Association

Rental Information

So that we may better serve our community
Must be completed for every rental

PERSONAL INFORMATION (if 18 or over)

Name- Last:	First:	Birth date:	/	/
Phones: Res.:	Work:	Cell:	Email:	
Name- Last:	First:	Birth date:	/	/
Phones: Res.:	Work:	Cell:	Email:	
Name- Last:	First:	Birth date:	/	/
Phones: Res.:	Work:	Cell:	Email:	
Name- Last:	First:	Birth date:	/	/
Phones: Res.:	Work:	Cell:	Email:	

GENERAL INFORMATION

Under Age Occupants?	Number:	Names and Ages:		
		Relationships:		
Car Make:	Model:	Year:	Color:	License No.:
Car Make:	Model:	Year:	Color:	License No.:

Emergency Contacts:

Second Contact:	Phones:	Relationship:
	Phones:	Relationship:

Have you ever been evicted from any tenancy or had an eviction notice served on you?
Have you ever been convicted of a misdemeanor or felony other than traffic or parking violations?
Are you a current illegal abuser or addict of a controlled substance?
Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?
If yes to any of these questions, please indicate when and why:

**I HAVE BEEN GIVING A COPY OF AND HAVE READ ALL THE RULES AND REGULATIONS.
I UNDERSTAND THERE TO BE AN OCCUPANCY LIMIT OF: 3 for 1 bedroom and 5 for two
bedroom**

I DECLARE THAT THE FOREGOING IS TRUE AND CORRECT

Applicant	Date	Applicant	Date
Applicant	Date	Applicant	Date