



CAPE HAZE RESORT NEW TENANT RENTAL APPLICATION

This information must be provided by the current owner or rental agent to Casey Condominium Management and must be received no later than 10 days prior to tenant occupancy. The information provided will be used to run a background check. All applications must be submitted with the \$25.00 application fee per adult tenant (i.e. someone who will sign the lease/rental agreement) made payable to Cape Haze Resort. Approval must be received PRIOR TO occupancy.

Property Address: _____

Occupancy Start Date: _____

Occupancy End Date: _____

First Applicant Name: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____ **State:** _____ **Expiration Date:** _____

Second Applicant Name: _____

Date of Birth (mm/dd/yyyy): _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ **State:** _____ **Expiration Date:** _____

Phone Numbers: _____ **Unit (Landline)**

_____ **Mobile (Cell)**

Vehicle: **Make:** _____ **Year:** _____

Model: _____

License Number: _____ **State:** _____

Owner Name: _____

Phone Numbers: _____ **Mobile (Cell)**

_____ Home Work

Rental Agent: _____

Phone Numbers: _____ Work Mobile (Cell)



PLEASE CHECK TO CONFIRM:

- | | YES | NO |
|---|--------------------------|--------------------------|
| Applicant is currently charged with a crime. | <input type="checkbox"/> | <input type="checkbox"/> |
| Applicant has been convicted of a crime in the last five years | <input type="checkbox"/> | <input type="checkbox"/> |
| Applicant is on a sex offender/predator registry. | <input type="checkbox"/> | <input type="checkbox"/> |
| Applicant has had an eviction in the last five years. | <input type="checkbox"/> | <input type="checkbox"/> |
| Applicant is in arrears on rent and /or association assessments elsewhere. | <input type="checkbox"/> | <input type="checkbox"/> |

- Applicant has been provided the Cape Haze Rules and Regulations and understands that they apply to all occupants.**
- Applicant has been informed they must register upon arrival at the on-site office.**

SIGNED BY THE APPLICANTS PROVIDING THE INFORMATION ABOVE. APPLICANTS CONFIRM THAT ALL INFORMATION PROVIDED IS ACCURATE AND UNDERSTAND THAT THIS INFORMATION WILL BE USED TO DO A BACKGROUND CHECK. IF INFORMATION IS FOUND TO BE INCOMPLETE OR INACCURATE IT IS GROUNDS FOR DENIAL OF APPLICATION.

SIGNATURE

DATE

NAME (PRINTED)

SIGNATURE

DATE

NAME (PRINTED)

FOR CAPE HAZE USE ONLY

APPLICATION RECEIVED ON: _____ **BY:** _____

APPLICATION **APPROVED**
 DENIED **BY:** _____

OWNER NOTIFIED DATE: _____ **BY:** _____