



July 16, 2019

Draft Policy on Rentals

After careful consideration, the Community Association Board has determined to use two different forms for tenant/guest registration. The Association must establish consistent requirements for all applicants, but we can use different forms and an abbreviated review process for returning tenants or guests. The following policy is intended to expedite and simplify the approval process.

Previous Renter and Guest Application Form. This process will not require a background check or an application fee. The application form will require the applicant to identify the proposed occupants of the unit and to specify the duration of their stay. This form must also be used to register guests who will be parking a vehicle, or who will occupy a unit during the owner's absence. No application fee will be required because there will be no "processing" for these applications.

First Time Rental Application Form. This form will also 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 \$100.00 application fee for two adults (including \$20 per adult for the background check). The balance would accrue to the association as additional income.

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

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.



**CAPE HAZE RESORT RETURNING RENTER APPLICATION
OWNER GUEST REGISTRATION FORM**

Owner/Requester
 Name: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone: (____)____-_____
 Email: _____

Name of Tenants or Guests
 Name: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone: (____)____-_____
 Email: _____

Rental Agent: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone: (____)____-_____
 Email: _____

Unit
 Building: _____
 Unit: _____
Proposed Occupancy Dates:
 From: ____/____/____
 To: ____/____/____

HAS THE PROPOSED TENANT:

- Previously rented the Cape Haze Resort Unit previously rented _____
 Been known personally by owner Time frame of previous stay _____

CERTIFICATIONS:

- The tenant/guest will have use of designated parking (garage or carport) assigned to the unit
 I have provided the tenant/guest with access to Condominium and Community Association governing documents.
 I am enclosing a copy of the lease.

SIGNATURE

DATE

FOR CAPE HAZE USE ONLY

Application Received on _____ by: _____

Application Approved / Denied by: _____



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 \$100.00 application fee 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: _____ **Expiration Date:** _____

Second Applicant Name: _____

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

Social Security Number: _____ - - _____

Driver's License Number: _____ **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**

Application **Denied**

by: _____