

Carousel Cove Homeowner's Association, Inc.

Application to Lease (Rent) a Home

I (We) hereby apply to lease a single-family home at address: _____

In Carousel Cove Homeowner's Association, Inc. Beginning date: _____ Ending: _____

A Copy of the Lease Agreement Must Be Attached

Property Owner's Name: _____ Phone # _____

In order to facilitate consideration of this application, I (We) represent that the following information is factual and true, and agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection. I (We) consent to your further inquiry including a full background and credit check, particularly of the personal and business references I (We) provide regarding this application.

Please type or print legibly the following information.

Full Name of Applicant: _____ Date of Birth: _____

Full Name of Spouse: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

U.S. Citizen: Applicant: Yes; No; Spouse Yes; No; If No, where? _____

Name of Business or Profession: _____

If Retired, Former: _____

Company or Firm Name: _____

Position Held: _____

Business Address: _____

You are advised that this property is a 55 or older community and no one under age 18 may reside here. All applicants must attach a copy of lessee's valid Driver's License for age 55 verification. Please note that no more than one family (as defined in Carousel Cove Association Documents) may occupy a single family home and IF lease states that pets are permitted, only one pet (dog or cat) is permitted.

The Association Documents of Carousel Cove Homeowner's Inc. provide an obligation of the homeowners and renters that all homes are for single-family residence only.

Please state name, relationship, and age of all persons who will be occupying the home regularly.

NAME	RELATIONSHIP	AGE

Please provide three personal and/or business references.

1. Name _____ Phone: _____
 Address/City/State/Zip Code: _____

2. Name _____ Phone: _____
 Address/City/State/Zip Code: _____

3. Name _____ Phone: _____
 Address/City/State/Zip Code: _____

Have you been convicted of a felony or crime involving violence to persons or property _____
 IF yes give full details: _____

Person to be notified in case of emergency: _____ Phone _____

Make & Model of Car: _____ Year: ____ License Tag: _____ State: ____

Mailing Address for correspondence concerning this application.

Name/Address/City/State/ZipCode: _____

I am aware of, and agree to abide by the Association Documents of Carousel Cove Homeowners Association, Inc. the Articles of Incorporation, By-Laws and any all properly promulgated rules and regulations in effect within the term of my (our) occupancy. I acknowledge receipt of a copy of the Association rules and understand that IF lease states that pets are permitted, only one pet (dog or cat) is permitted.

Do you agree to abide by the governing documents and rules of the Association: _____/_____
initials of applicants

The Association is authorized to act as the owner’s agent with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Association Documents of Carousel Cove Homeowner’s Inc. the Association’s By-Laws, the Florida HOA Statutes, and the rules and regulations of the Association.

The property management company will advise the prospective lessee within a 30 day period from the date of receipt of this application, as to whether this application has been approved.

A check for \$100, payable to Carousel Cove Homeowners Association, Inc. must accompany the application for the purpose of defraying costs of checking references, credit investigation, directory updating and other expenses related to the processing of this application.

Applicants signature: _____ Date: _____

CO-Applicants Signature: _____ Date: _____

Has Applicant rented in Carousel Cove before? _____ When: _____

What address: _____

Send Application, checks (one made payable to Carousel Cove at \$100 and one made payable to Gulf Breeze Management at \$42 if one person, \$84 if two people), copies of all drivers' licenses and the attached Clearance Form to:

Gulf Breeze Management Services of SW Florida, Inc.
8910 Terrene Court, Suite 200
Bonita Springs, FL 34135

Phone: (239) 498-3311
Fax: (239) 498-4974
Deirdre.woods@gulfbreezemanagement.com

For Carousel Cove/Gulf Breeze Mgmt. only:

Application Received: _____ By: _____

Application Results: ____ Approved; ____ Denied Date: _____

Notes:

SAFESCREENER.COM

BACKGROUND SCREENING MADE SIMPLE.

Background Screening Consultants LLC
650 W Lake St, Suite 310
Chicago, IL 60661



Applicant/TENANT Background Check Release. (PLEASE NOTE: This Is NOT a lease application)

First Name		Middle	Last Name (Include hyphenated names)	
Social Security Number	Date of Birth	Driver's License / State ID #		State of Issuance
Contact Email Address		Contact Phone Number		
Current Address				
Street		City	State	Zip Code
Previous Address				
Street		City	State	Zip Code

Please check this box if you want a free copy of the report requested (CA, MN, OK residents ONLY).

AUTHORIZATION

I hereby consent and authorize Background Screening Consultants, LLC to secure information pertaining to my character and background for the purpose of a tenant background check. I understand that the information supplied by me can be utilized in determining my eligibility for renting property. This background investigation may include research involving; a criminal record search through county, state, federal jurisdictions as well as proprietary databases and international sources, a social security number verification and residential history trace, driving record history, current employment and salary verification, national security watch lists, public databases and internet archive research, as well as the confirmation of any information supplied by me on this background authorization form or any leasing application form. I understand that these reports may be obtained at any time after receipt of my authorization and throughout my time of residence. I release from liability any and all persons, companies, and corporations that supply information regarding my history as a result of this background investigation. I understand that any information discovered may be done so through onsite public research, electronic databases, and oral interviews. I further release and indemnify Background Screening Consultants LLC against any liability related to this background investigation.

Signature (Please print document and sign)

Today's Date

Please return this form directly to the potential landlord or management office.

www.SafeScreener.com
888.578.8600 Phone
888.548.0421 Fax