## Whispering Winds Homeowner Association, Inc. Rental Application for Approval

Address of Home	Date
Term of Lease to	
Homeowner's Name	Homeowner's Address
TENANT INFORMATION	Phone #
Applicant's Name	Co-Applicant Name
Emergency Contact	Relationship Phone #
OTHER OCCUPANTS:	
Name	Name
Relationship	Relationship
RESIDENTIAL HISTORY:	
Previous Address	Landlord Name
	Landlord Phone #
Dates from: to	Reason for moving
EMPLOYER:	
Present Employer	Present Employer
Position	Position
Phone #	Phone #
VEHICLE INFORMATION:	
Year/Model/Color	License/Tag #
Year/Model/Color	License/Tag #
PET INFORMATION:	
Type/Breed	Name/Weight
Type/Breed	Name/Weight
LAWN MAINTENANCE:	
Circle party responsible - Tenant Landlord	Applicant(s) acknowledge that they have read and understand the Declaration of Covenants, Conditions
A \$50 screening fee shall be collected from	and Restrictions of the Whispering Winds Homeowner
Homeowner with the submittal of this application.	Association.
Applicant Signature Date	Co-Applicant Signature Date
HOA Approval Date	HOA Approval Date