## WOODLANDS ESTATES HOMEOWNERS ASSOCIATION, INC.

NEW TENANT APPLICATION - Application Fee Req. - \$75 (first 2 Adults) \$25 per additional Adult (Made payable to Woodlands Estates HOA)

## COMPLETE ATTACHED BACKGROUND CHECK FORM ATTACH COPY OF EXECUTED LEASE

\*\*Please note you must own the property for 1 year before home can be leased\*\*

Application must be submitted 30 days prior to move-in date.

## **GENERAL INFORMATION:**

1.	Address of Unit being leased:	_	
2.	Full Name:	-	
3.	Lease in Name of:	_	
4.	Tenant's phone number at unit:		
5.	Number of Occupants: Adults: Children (under the age of 18)		
6.	Full Names and ages of all residents.		
(All	residents over the age of 18 MUST have a local criminal & credit check provided)		
	1		
	2		
	3		
	4		
7. alon	Number of Pets: Dogs Cats Other please list below, the bring with a copy of current shot vaccine record:		
**Re	Refer to the governing pet limitations		
8.	Anticipated move—in date://		
9.	Term of lease:		
10.	Automobiles, how many?		
	Make Model, Color & Tag		
	Make Model, Color & Tag		
	Make Model, Color & Tag		
11.	E-mail address:		
12.	Owner has given tenant a copy of the community restrictions: YES NO		
By s	signing this, the unit owner and tenant, are agreeing to follow the rules and regul oodlands Estates HOA. Owner of unit (not their agent) and tenant please sign belo	ations that govern w.	
Unit	it owner signature(s) Date:		

DATE	CUSTOMER NUMBER	
DATE	CODIOMERIOMEER	

## TENANT INFORMATION FORM

tenant(s) / buyer(s) for the property located at	,	
Managed By:	Owned By:,	
Hereby allow TENANT CHECK and or the property owner / manager to inc to obtain information for use in processing of this application. I/we under I/we cannot claim any invasion of privacy or any other claim that may arise	quire into my / our credit file, criminal, and rental history as well as any other personal record, retand that on my / our credit file it will appear the TENANT CHECK has made an inquiry.	
TENANT INFORMATION:	SPOUSE / ROOMMATE:	
SINGLE MARRIED	SINGLE MARRIED	
SOCIAL SECURITY #:	SOCIAL SECURITY #:	
FULL NAME:	FULL NAME:	
DATE OF BIRTH:	DATE OF BIRTH:	
DRIVER LICENSE #:	DRIVER LICENSE #:	
CURRENT ADDRESS:	CURRENT ADDRESS:	
HOW LONG?	HOW LONG?	
LANDLORD & PHONE:	LANDLORD & PHONE:	
PREVIOUS ADDRESS:	PREVIOUS ADDRESS:	
HOW LONG?	HOW LONG?	
EMPLOYER:	EMPLOYER:	
OCCUPATION:	OCCUPATION:	

GROSS MONTHLY INCOME:

LENGTH OF EMPLOYMENT:

HAVE YOU EVER BEEN ARRESTED?

HAVE YOU EVER BEEN EVICTED?

YES

WORK PHONE NUMBER:

(CIRCLE ONE)

(CIRCLE ONE)

SIGNATURE:

PHONE NUMBER:

TENANT CHECK HOURS OF OPERATION: MONDAY - FRIDAY : 9:00 a.m. - 5:30 p.m. SATURDAY : 11:00 a.m. - 4:00p.m.

NO

NO

I / We

GROSS MONTHLY INCOME:

LENGTH OF EMPLOYMENT:

HAVE YOU EVER BEEN ARRESTED?

HAVE YOU EVER BEEN EVICTED?

YES

YES

WORK PHONE NUMBER:

(CIRCLE ONE)

(CIRCLE ONE)

SIGNATURE:

PHONE NUMBER:

SATURDAY: 11:00 a.m. - 4:00p.m.
ALL ORDERS RECEIVED AFTER 5:00 p.m. (3:30 p.m. on Sat.) WILL BE PROCESSED THE NEXT BUSINESS DAY

TENANT CHECK FAX #: (727) 942-6843

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

NO

NO

prospective

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES / MOBILE HOME PARKS / CONDOMINIUM ASSOCIATIONS / EMPLOYERS