

BHC OWNER'S LEASE/RENEWAL APPLICATION

I/We have an agreement with the following individual/s to rent Apartment # _____ for a period of _____ months,

From _____ to _____:

Name/s: _____

I/We have used a rental agent or other method to find the lessee(s). ____ Yes ____ No

I/We have personally known the lessee/s for _____ years.

Remarks: _____

I/We understand that, prior to occupancy, the lessee(s) must be approved by the Board of Directors and be issued a Certificate of Approval.

I/We further understand that I/we may lease my/our apartment for not less than ninety (90) days or more than one (1) year and that my/our apartment may not be leased more than twice in a twelve (12) month period, measured from the beginning date of the previous lease occupancy.

I/We have loaned to the lessee my/our copy of the BHC Rules and Regulations.

I/We am/are enclosing a true and complete copy of the rental contract.

I/We agree that while the rental contract is in effect, I/we will not be permitted to use BHC amenities.

Attached is a security deposit for \$1,000 dollars as outlined in Section 16.3 BHC By-laws.

Owner _____ Date _____

Telephone # _____ Cell # _____

E-mail _____

BHC LEASE APPLICATION FOR LESSEE

Please Print

I/We have a pending agreement to rent Beacon House Apartment # _____, for a period of _____ months, from _____ to _____.

Name(s) _____

Permanent Address _____ City/State _____

Zip _____ Telephone # _____ Cell # _____

Present or Former Business/Profession _____

Two Personal References (Non-Relative)

<u>Name</u>	<u>Address</u>	<u>Telephone/Email</u>
_____	_____	_____
_____	_____	_____

Other Naples-area residential units rented/owned in past three years, if applicable:

<u>Unit</u>	<u>Date rented</u>	<u>Contact</u> (Bldg. Mgr. or Rental Agent)
_____	_____	_____
_____	_____	_____

In signing the lease agreement I/we understand that I/we may use all BHC facilities without charge. I/We agree to hold BHC, Inc. harmless for any injury suffered while using such facilities, which include but are not limited to the swimming pool and deck, carport, grilling area, marina and dock. I/We agree to read and abide by all BHC Rules and Regulations and will be responsible for informing my/our guests about them.

I/We understand that I/we will be interviewed by the Membership Committee and receive a Certificate of Approval prior to my/our residency.

I/We are am/are enclosing the non-refundable Application Processing Fee of \$100.00, in the form of a personal check, payable to BHC. "Fees will be used toward a criminal background check."

If lease is a renewal, the Application Processing Fee is waived.

Lessee(s) Signature(s): _____ Date _____
_____ Date _____

Note: Rental application must be submitted to BHC (M-SP) or Membership Committee Chairperson.

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize _____ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to _____ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. _____ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.

**BHC OWNER'S / LESSEE'S
EMERGENCY CONTACT FORM**

Name(s): _____ Date _____

Apartment Number _____ Naples Telephone # _____

Out-of-Town Address _____ City, State _____

Zip _____ Out-of-Town telephone # _____ Cell # _____

E-mail Address _____

In the event of an accident, illness or other emergency involving a resident of BHC, it may become necessary to contact a relative or another designated person.

Owners, lessees and guests are required to furnish the following information at the time of the Membership Committee Interview.

PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY. Please list in order of preferred contact.

Name _____

Address _____

Telephone # _____ Relationship _____

Name _____

Address _____

Telephone # _____ Relationship _____

Primary Physician:

_____ Telephone # _____

Relevant Medical Information:

