

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)

Name _____ Address _____ Telephone/Email _____

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

Unit _____ Date rented _____ Contact (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.

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

KE LEDGERS & ASSOCIATES may request one or more consumer reports or investigative consumer reports about you for **residential** purposes. These reports may include information on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which may be used as a factor in making a **residential**-related decision about you. Such information may include credit reports, criminal history, civil records, etc. or personal interviews with your current or prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information.

AUTHORIZATION

By signing below, I agree that I have read and understand the foregoing Disclosure and hereby authorize AmeriCheckUSA to obtain consumer reports or investigative consumer reports about me for **residential** purposes. I further authorize KE LEDGERS & ASSOCIATES and AmeriCheckUSA to share the information with any person involved in the **residential** decision about me. This Authorization is no longer valid after 90 days of date signed, and you also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name (One Person Per Form)

Signature (One Person Per Form)

Date

- ☐ For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.

KE Ledgers & Associates / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Are you Buying or Renting? _____

Have you ever been arrested before? _____

Employer: _____ N/A _____ Tel#: _____ N/A _____

Supervisor: _____ N/A _____ Salary: _____ N/A _____

Employed From: _____ N/A _____ To: _____ N/A _____ Title: _____ N/A _____

Landlord: _____ N/A _____ Tel#: _____ N/A _____

Property Name: _____ N/A _____ Rent: _____ N/A _____

Rented From: _____ N/A _____ To: _____ N/A _____

Landlord: _____ N/A _____ Tel#: _____ N/A _____

Property Name: _____ N/A _____ Rent: _____ N/A _____

Rented From: _____ N/A _____ To: _____ N/A _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ **DATE:** _____