

# WEST HAVEN HOMEOWNER'S ASSOCIATION, INC.

## Tenant Application For Long-Term Rentals

As a potential tenant of West Haven Homeowner's Association, Inc., it is important that you understand the following. All applicants should initial each statement below. It may take up to 15 days to process an application before approval, disapproval or a request for more information is asked by the Board of Directors. No one is permitted to move into a unit without approval by the Board.

\_\_\_\_\_ West Haven Homeowner's Association and not an apartment complex. The difference is that each home is individually owned and the Association rules and regulations are strictly enforced by the homeowners' association. Each owner is responsible for their tenant(s)' actions. Continued violations are subject to eviction of the tenant by the owner for failure to follow the rules.

\_\_\_\_\_ This application must be completed in its entirety. There are to be no areas left blank. Once this application is submitted for approval, it may be denied due to any of the following reasons:

- Application not fully completed
- Any untruthful statements or information
- Negative criminal history

\_\_\_\_\_ If application is denied for any reason, the monies submitted for criminal history and background investigation will be forfeited.

\_\_\_\_\_ This original form, the original application and a copy of two (2) forms of identification with one being photo identification for each person over the age of 18 that will occupy the residence. Acceptable forms of identification are:

- Valid Drivers License from any state
- Identification card issued by any state
- Current Employer Identification
- Social Security Card
- Birth Certificate

\_\_\_\_\_ Any Board Members living in the community are not the unit managers. Any problems concerning the home that you rent are to be handled by your rental company, your owner or the management company employed by the Board of Directors.

\_\_\_\_\_ I understand that I cannot allow a friend, relative, significant other or any other person to move into the unit without placing that person on the lease and having that person complete the same approval process as a new tenant.

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Signature

Date

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Signature

Date

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Signature

Date

**WEST HAVEN HOMEOWNER'S ASSOCIATION, INC.**  
**Tenant Application**  
**For Long-Term Rentals**

**IT IS IMPORTANT AS A POTENTIAL RENTER THAT YOU UNDERSTAND THAT THE APPLICATION PROCESS CAN TAKE UP TO 15 DAYS FOR APPROVAL FROM THE DATE SUBMITTED.**

Application is made to lease the premises known as \_\_\_\_\_  
For \_\_\_\_\_ year(s) or month(s), beginning on the \_\_\_\_\_ day of \_\_\_\_\_,  
200\_\_\_\_, for the monthly rental of \$\_\_\_\_\_ payable in advance on the first day of each  
month. The owner of said premises is \_\_\_\_\_  
\_\_\_\_\_.

FOR APPROVAL, IT IS IMPORTANT THAT ALL OF THE FOLLOWING INFORMATION BE GIVEN AND NO SPACES LEFT BLANK.

**APPLICANT**

1. **Applicants' name (print legibly)** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
**Drivers' License Number** \_\_\_\_\_ **State** \_\_\_\_\_
2. **Current Address** \_\_\_\_\_ **County** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zipcode** \_\_\_\_\_  
**Area Code and Phone Number** \_\_\_\_\_ **How Long** \_\_\_\_\_  
**Name, Address, Phone Number of Landlord, Rental Agent or Mortgage Co.**  
\_\_\_\_\_  
\_\_\_\_\_
3. **Applicant Employed by:** \_\_\_\_\_ **How Long** \_\_\_\_\_  
**Business Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**State** \_\_\_\_\_ **Area code and Phone Number** \_\_\_\_\_  
**Position** \_\_\_\_\_ **Yearly Income** \_\_\_\_\_  
**Other Income** \_\_\_\_\_ **Source** \_\_\_\_\_
4. **Has application ever been convicted of a felony crime? If so, what crime and in what county and state?** \_\_\_\_\_

**WEST HAVEN HOMEOWNER'S ASSOCIATION, INC.**  
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**CO-APPLICANT/SPOUSE**

5. Applicants' name (print legibly) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Drivers' License Number \_\_\_\_\_ State \_\_\_\_\_  
Current Address \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Area Code and Phone Number \_\_\_\_\_ How Long \_\_\_\_\_  
Name, Address, Phone Number of Landlord, Rental Agent or Mortgage Co.  
\_\_\_\_\_  
\_\_\_\_\_

6. Co-Applicant/Spouse Employed by: \_\_\_\_\_ How Long \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Area code and Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Yearly Income \_\_\_\_\_  
Other Income \_\_\_\_\_ Source \_\_\_\_\_

7. Please list all occupants with date of birth(s) and Social Security Number(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Has Co-Applicant or any occupants ever been convicted of a felony crime? \_\_\_\_\_  
If so, what crime and in what county and \_\_\_\_\_

9. Credit References:  
Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Name \_\_\_\_\_ Account Number \_\_\_\_\_

10. Personal References:  
(Relative) Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zipcode \_\_\_\_\_ Phone Number \_\_\_\_\_

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(Non-Relative) Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_ Zipcode \_\_\_\_\_ Phone Number \_\_\_\_\_

(Non-Relative) Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_ Zipcode \_\_\_\_\_ Phone Number \_\_\_\_\_

**11. Vehicle Information:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
License Plate \_\_\_\_\_ License State \_\_\_\_\_  
Is vehicle registered to you or someone else? \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
License Plate \_\_\_\_\_ License State \_\_\_\_\_  
Is vehicle registered to you or someone else? \_\_\_\_\_

I (We) hereby certify that the foregoing information is true and accurate to the best of my (our) knowledge. I (We) hereby authorize West Haven Homeowner's Association, Inc.' or their Agent to investigate the above references and statements in order to verify my (our) credit and financial responsibility. **I (We) understand that the fee of \$55.00 per person over 18 years of age (\$95 for married couple)** credit report, background investigation and criminal history fee is non-refundable regardless of whether this application is accepted or rejected.

**Personal checks will not be accepted. Cash, Money Order or Certified Funds only.**

**Please read above statement before signing this application.**

\_\_\_\_\_  
**Agent**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

**WEST HAVEN HOMEOWNER'S ASSOCIATION, INC.**

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**ATTENTION OWNER/AGENT:**

This application must be filled out completely with no blank spaces. This is to insure integrity of the background investigation and criminal history in the best interest of all owners, all tenants and West Haven Homeowner's Association, Inc '. If your applicant(s) is/are accepted, you or your agent must forward a copy of the current lease within 15 days of your tenant(s) occupying your home.

Thirty (30) days prior to a tenant(s) lease renewal, you must submit a renewal request form to the West Haven Homeowner's Association, Inc.' Board of Directors for approval. If approved, a current lease must be sent to the West Haven Homeowner's Association, Inc., within 15 days of renewal date.

Anytime a tenant takes in a friend, relative, border or any other person, that person must be added to the lease and follow all procedures of a new tenant.

The owner will be notified when the Board of Directors feels their tenants are in violation of having an unauthorized person(s) living in the unit. Should the respective owner fail to verify occupancy or fail to resolve any issues concerning questions of occupancy to the Board of Directors' satisfaction, the owner will incur all costs for any investigative measures needed to confirm occupancy.

**ANY HOME OCCUPIED BY AN ADULT FAMILY MEMBER OR OTHER THAN THE OWNER MUST FOLLOW THE SAME PROCEDURES AS A TENANT. IF NO LEASE IS MADE TO THE ADULT FAMILY MEMBER, A LETTER TO THE BOARD OF DIRECTORS STATING THE UNIT IS OCCUPIED BY A FAMILY MEMBER WITHOUT A LEASE AND PROOF OF THE RELATIONSHIP MUST BE SUBMITTED.**

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**Any owner violating the application process or who moves a tenant into a home without prior approval of the Board of Directors, are subject to further legal action until the owner has complied with the application process.**

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**It is the owner's responsibility to insure this process is complied with and to forward all forms and documents when they are due. There will be no reminders sent to owners that overlook the renewal form.**

\_\_\_\_\_  
**Owner or Owner's Agent**

\_\_\_\_\_  
**Applicant**

**WEST HAVEN HOMEOWNER'S ASSOCIATION, INC.**

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**RELEASE**

**DESIGNATED PARTY:      Applicant Screening and Processing**

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply any information concerning my background. I also hereby release any of the above from any liability and responsibility arising from their doing so. This research may be performed for information dating back for the past ten years. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposit and may constitute a criminal offense under the laws of this state. I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release.

Photocopies of this authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name Printed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State Zipcode

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Name Printed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City, State Zipcode