
Bahia Lakes Homeowners' Association Inc.

Qualified Property Management, Inc.

5901 U.S. Highway 19 N. Ste 7Q, New Port Richey FL, 34652
Toll Free (877) 869-9700 Phone (727) 869-9700 Fax (727) 581-1734

receptionistnpr@qualifiedproperty.com

Application Procedures For Leasing a Unit

To ensure prompt processing of your application, please follow these easy steps:

1. A Lease application package (available from Qualified Property Management) must be completed in its entirety. All forms attached to and requiring a signature must be completed.
2. Return the completed application (including a Background Check Application for each adult), a copy of the lease agreement, photocopies of tenant/s I.D.s, and a check or money order for the application fees (made payable to Bahia Lakes Homeowners' Association).

E-Mail, Mail or deliver the package to:

Receptionistnpr@qualifiedproperty.com

or

Qualified Property Management, Inc.

5901 U.S. Highway 19 N. Ste 7Q, New Port Richey FL, 34652

3. The application and all necessary forms **must be received in this office at least fourteen (14) working days prior to closing or transfer.**
4. Tenants must have read and signed to abide by the rules and regulation of Bahia Lakes HOA. (TENANT CC&R ACKNOWLEDGEMENT FORM)
Note: If association documents are needed, please visit: www.homewisedocs.com to purchase them (TO BE PAID BY LANDLORD)

No tenant may occupy a unit without prior Board of Directors' approval.

If you have any questions regarding this procedure or require further assistance, please contact our office at (727) 869- 9700 or (877) 869-9700

Sincerely,

Qualified Property Management

Bahia Lakes Homeowners' Association Inc.

TENANT REGISTRATION FORM

Submit all forms to:

Qualified Property Management, Inc.

5901 U.S. Highway 19 N. Ste 7Q, New Port Richey FL, 34652 Toll
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ALL INFORMATION MUST BE COMPLETED IN FULL.

Property Address: _____

Landlord Name: _____ Address: _____

APPLICANT(S) TENANT INFORMATION

LEASE DATES: FROM: _____ **TO:** _____

Applicant Name _____ Date of Birth _____

Applicant Present Address: _____ Phone# _____

Applicant E-mail Address: _____ @ _____

Spouse/Other _____ Date of Birth _____

List all additional occupants in your household, including children. For minor children, include age as of January 1, 2025:

1. _____	Age: _____	4. _____	Age: _____
2. _____	Age: _____	5. _____	Age: _____
3. _____	Age: _____	6. _____	Age: _____

Are you currently serving In the US Military, National Guard as an Active or Reservist? Y ____ N ____

Applicant Employment: _____

Business Address _____

Position _____ Work Phone _____

Spouse/Other Employment _____

Business Address _____

Position _____ Work Phone _____

VEHICLE INFORMATION

Yr. _____ Make _____ Model _____ Lic.Tag # _____

Yr. _____ Make _____ Model _____ Lic.Tag # _____

Yr. _____ Make _____ Model _____ Lic.Tag # _____

Yr. _____ Make _____ Model _____ Lic.Tag # _____

Applicants Signature _____ Date _____

BAHIA LAKES

HOMEOWNERS' ASSOCIATION, INC.
<http://www.bahialakeshoa.org>

TENANT CC&R ACKNOWLEDGEMENT

I hereby confirm receipt of Bahia Lakes Homeowners' Association covenants and acknowledge that as a tenant living in a Deed Restricted community, I am required to comply with all rules in the Declaration of Covenants, Conditions, and Restrictions of the HOA.

NOTE: If your landlord did not provide you a copy of the CC&Rs, the documents can be obtained by visiting the community website at: <http://www.bahialakeshoa.org/documents.html>

Bahia Lakes Property Address

Tenant's Name Print

Tenant's Signature

Date

Tenant's Name Print

Tenant's Signature

Date

Tenant's Name Print

Tenant's Signature

Date

Tenant's Name Print

Tenant's Signature

Date

Tenant's Name Print

Tenant's Signature

Date

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Background Check Authorization Form

FOR PURCHASE OR RENTAL

727-869-9700

727-869-9825 (Fax)

Unmarried Co-Applicants Fill Out a Separate Application. Do NOT leave any blank spaces.

Name _____ SS# _____ DOB ____/____/____
Last First MI Jr./Sr. Month Day Year

Driver's License # _____ State _____ (Please Attach Copy to Application)

Spouse _____ SS# _____ DOB ____/____/____
Last First MI Maiden Month Day Year

Driver's License # _____ State _____ (Please Attach Copy to Application)

Phone: (____) _____

Present Address _____ From _____ To _____
Street Apt. # City ST Zip

Previous Address _____ From _____ To _____
Street Apt. # City ST Zip

Have you ever had adjudication withheld or been convicted of a crime?

Applicant: Yes _____ No _____ Spouse: Yes _____ No _____

AUTHORIZATION OF RELEASE OF INFORMATION – Applicant(s) represent(s) that all of the above information and statements on the application for purchase/rental are true and complete and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records and credit records. **This authorization must be signed before it can be processed by management.** Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees and/or deposits and may constitute a criminal offense under the laws of this State.

NON-REFUNDABLE APPLICATION FEE – Applicant(s) agree(s) to pay \$_____ for a non-refundable application processing fee.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Other's Signature: _____ Date: _____