

Carmel Retirement Condominiums

Tenant Profile

Bldg./Unit No. _____ - _____ Requested Move-in Date _____

Owner Name: _____ Phone # _____

Agent Name (If applicable) _____ Phone # _____

TENANT(S) INFORMATION: Email: _____ @ _____

Tenant Name: _____ Phone # _____

Employer Name: _____ Phone # _____

Occupation: _____ How Long _____

Driver's License (_____) _____ **(Color Copy Attached)**

Tenant Name: _____ Phone # _____

Employer Name: _____ Phone # _____

Occupation: _____ How Long _____

Driver's License (_____) _____ **(Please Supply Color Copy of Driver's License)**

Lease Term: from _____ to _____

In case of an emergency, contact

_____ (Name) _____ (Relationship) _____ (Phone Number)

Vehicle(s):

Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____

Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____

Pet: Cat _____ Dog _____ Weight: _____ **(30 lb. limit) Other:**

Description/Name of Pets _____

REFERENCES: (We may contact these, please make sure they have valid phone numbers)

Previous Landlord: _____ Phone # _____

Previous Address _____ How Long _____

Business/Personal Name: _____ Phone # _____

Copy of Signed Tenant Lease Must Accompany This Application

TENANT/OWNER ACKNOWLEDGEMENT:

I understand that this complex is governed by rules and regulation that are a part of my lease and I have read and understand these rules and regulations. Carmel Retirement Condominium Assn. is NOT responsible for collecting funds for damage incurred to any unit. Our function is the management and maintenance of the common owned areas ONLY. Tenant signature of receipt of Rules and Regulations.

Signed: _____
Owner/Agent

Signed: _____
Tenant

Date: _____

Signed: _____
Tenant

Date: _____