

QUAIL VALLEY LOT OWNERS ASSOCIATION  
LEASE APPROVAL APPLICATION

Property Address: \_\_\_\_\_

Non-refundable \$75.00 application fee for the first applicant (over 18)

\$25 per additional applicant (over 18).

No application fee for those under 18 years old in the same household. Copy of Lease

Lease Term from \_\_\_\_\_ to \_\_\_\_\_

OWNER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GENERAL INFORMATION REQUIRED FOR OCCUPANCY

All Tenants/Occupants over the age of 18 must be a party to the lease and complete this Lease  
Approval Application

TENANT INFORMATION

Adult/Tenant 1

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to other Tenant(s): \_\_\_\_\_

Present Address: \_\_\_\_\_

Present Landlord's Name: \_\_\_\_\_

Present Landlord's Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Length of Residency: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Position: \_\_\_\_\_

How long? \_\_\_\_\_

Business Phone: \_\_\_\_\_

Adult/Tenant 2

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to other Tenant(s): \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Present Landlord's Name: \_\_\_\_\_  
Present Landlord's Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Length of Residency: \_\_\_\_\_  
Present Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
How long? \_\_\_\_\_  
Business Phone: \_\_\_\_\_

ADULT TENANT #3

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Relationship to other Tenant(s): \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Present Landlord's Name: \_\_\_\_\_  
Present Landlord's Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Length of Residency: \_\_\_\_\_  
Present Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
How long? \_\_\_\_\_  
Business Phone: \_\_\_\_\_

ADULT TENANT#4

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Relationship to other Tenant(s): \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Present Landlord's Name: \_\_\_\_\_  
Present Landlord's Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Length of Residency: \_\_\_\_\_  
Present Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
How long? \_\_\_\_\_  
Business Phone: \_\_\_\_\_

Minor /Tenant 1

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Relationship to Tenant: \_\_\_\_\_

Minor /Tenant 2

Name: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Relationship to Tenant: \_\_\_\_\_

PETS

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Cat/Dog/ Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Cat/Dog/ Other \_\_\_\_\_

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR A LEASE.  
ALL APPLICATIONS ARE SUBJECT TO APPROVAL BY THE ASSOCIATION OR MANAGING  
AGENT. NO LEASE FOR LESS THAN TWELVE (12) MONTHS IS PERMITTED.

To the best of my knowledge, all of the above information is true and correct. I/we have received, reviewed and agreed to abide by the Declaration of Covenants, Conditions, Restrictions and Easements for Quail Valley LOA and the Rules and Regulations of the Community. I/we hereby authorize the Association to obtain a background check, criminal history check, credit check or any other verification deemed necessary by the Association to complete this application process.

ALL ADULT APPLICANTS MUST SIGN BELOW

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ONE FORM PER ADULT APPLICANT**  
**DISCLOSURE AND AUTHORIZATION AGREEMENT**  
**REGARDING CONSUMER REPORTS**  
**FOR BACKGROUND CHECK**

**DISCLOSURE**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living may be obtained in connection with your application for residence.

**AUTHORIZATION**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree to a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

**READ, ACKNOWLEDGED AND AUTHORIZED**

---

Printed Name

---

Signature

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 on the line.