

APPLICATION FOR RENTING

This application and the attached application for Occupancy & Authorization forms must be completed in detail by the proposed Tenant. Please complete, sign, and date the Release forms.

If any question is not answered or left blank, this application will not be processed or approved and it will be returned, for completion by Tenant.

All applicants must attend an orientation with the Bella Terra Orientation committee prior to final Board of Directors decision. Orientations are scheduled by the manager after approval of the application.

The landlord must provide the Tenant with a copy of all Association Documents and the Rules and Regulations of the Association or one copy of each document can be purchased at the Clubhouse office for a fee of \$50.00.

I have received a current copy of the Bella Terra Documents. Yes	No	
I have received the Rules and Regulations of the Bella Terra Community.	Yes	No

Please be aware that per the Bella Terra Community Homeowner's Documents, amended on June 2^{nd} , 2011 an applicant may be <u>denied</u> the ability to lease and reside in Bella Terra, if there are negative items as evidenced by the results of the screening process as follows:

- A Criminal history involving a felony involving injury to a person or property
- A poor financial history: having bad debt charges, bankruptcies and/or foreclosures
- Disruptive behavior as evidenced in this community or criminal history not involving a felony that depicts disruptive behavior

The members of the Bella Terra Association will consider financially responsible applicants leasing homes in this community and consider a good credit score as anything between 675 to 725.

Initial that you have read and understood the following nine items:

A copy of the lease must be attached to this application.	

For Domestic Background/Applications, the Tenant must submit a non-refundable processing fee of \$250.00 made payable to Bella Terra Community Association, Inc. In the form of a (Cashier's Check or Money Order) for each applicant, other than husband/wife or parent/dependent child (which are considered one applicant). Acceptance of the processing fee does not in any way constitute approval of the transaction.

processing fee of \$250.00 mg for each applicant and a non of the background check) mg for each applicant, other that applicant). Acceptance of the	ade payable in US dollars to Bell - refundable background check ade payable in US dollars, to Bel n husband/wife or parent/depe	be required to pay a non-Refundable la Terra Community Association, Inc. fee of \$ (based on location la Terra Community Association, Inc. endent child (which are considered one y way constitute approval of the ning
Association, Inc. (only Cashie	minated lease. This must be su	e to Bella Terra Community nds will be returned within 30 Days of bmitted with this Application in order
Understand the Documents	Documents and the Rules and Re	at you and all residents residing
	rd the Documents and the Rules offenses.	and Regulations, will be subjected to
Use of the home is for single bedroom). Multiple fami	ngle family residence only (no m ly units will not be allowed to re	nore than two persons per eside in one house.
Rules and Regulations of the County. Pets are limited to l	Community 2 per homeowner, so Bella Terra Community Associanousehold cats and dogs and on ded either leashed, tied-out or i	ly two (2) per home. No pets
Moving in or out of a uni	t is only permitted from 9:00 an	n to 7:00 pm daily
tenant, every year prior to th	e renewal of the lease and that i ions or criminal activities eviden	und check for each resident, paid by the multiple violations of the Documents are by the report will result in the denia
Rent that I will abide by all of		y use the unit which I seek to e Bella Terra Documents, Bylaws, Rules ure be imposed by the Bella Terra
Print Name	Signature	Date
Print Name	Signature	 Date

I understand that I will be advised by the Board of Directors of either acceptance or denial Of this application.

I understand that the Association's right to approve the tenants wishing to lease a home within the Bella Terra Community Association is conditioned upon the truth and accuracy of the application. Any misrepresentation or falsification of the information on these forms will result in the automatic rejection of this application.

I understand that the Board of Directors of the Bella Terra Community Association, Inc. may cause to be instituted an investigation of my Background as the Board may deem necessary. Accordingly I specifically authorize the Board of Directors to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and the Board of Directors and Officers of the Bella Terra Community Association, Inc. itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of the Bella Terra Community Association, Inc. will be final. A written explanation of denial will be made only if request is submitted in writing to the Association within 30 days. I agree to be governed by the determination of the Board of Directors. I give my full authorization to the Association to run a credit and background check.

Print Name	Signature	Date
Print Name	Signature	 Date

Occupancy & Authorization form

PRINT OR TYPE ALL INFORMATION ON THIS FORM

Approx. Move in date		
appears on lease:		
В		(Spouse)
he home with you:		
Age	Relation/Occupation	
please provide the dat	e of birth, social security num	ber and driver's
	Date of Birth	
Driver's License		
	appears on lease: B he home with you: Age please provide the dat	appears on lease: B he home with you: Age Relation/Occupation please provide the date of birth, social security numl

Name		_ Date of Birth	
SSN	Driver's License		
Name		_ Date of Birth	
SSN	Driver's License		
Name		_ Date of Birth	
SSN	Driver's License		
Name		_ Date of Birth	
SSN	Driver's License		
Yes If yes, please state the date(s	ever been convicted or pled gu	No	
I declare that I have read the foregoing (document) and that the facts stated in it are true. Applicant (Print Name)			
Signature		Date	
Social Security#		DOB	
Driver's License#		State	

Applicant (Print Name)	
Signature	 Date
Social Security#	 DOB
Driver's License#	 State

Bella Terra / Ref# _____

RESIDENTIAL SCREENING REQUEST

First:	Middle:		Last:
Address:			
City:		ST:	Zip:
SSN:		DOB (MI	M/DD/YYYY):
Tel#:		Cel#:	
	Curre	ent Employe	<u>er</u>
Company:		Tel#:	N/A
Supervisor:	N/A	Salary:	N/A
Employed From: N/A	To:N/A	Title:	N/A
		nt Landlord	
Company:		Tel#:	N/A
Landlord:	N/A	Rent:	N/A
Rented From:	N/A	To:	N/A
I have road and size at the Direct			
I have read and signed the Disclosure and Authorization Agreement.			
SIGNATURE:		DAT	E:
			10:

DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS

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, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence. Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

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 that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

RE		
Pri	nt Name	
Sig	nature	Date
	For California, Minnesota or Oklahoma applicant report, if one is obtained, please check the box.	s only, if you would like to receive a copy of the

Bella	Terra / Ref#
Dena	rema/Rem

RESIDENTIAL SCREENING REQUEST

First:	Middle:		_Last:
Address:			
Oity.		ST:	Zip:
SSN:		DOB (MM	I/DD/YYYY):
Tel#:		Cel#:	
	Curre	ent Employer	
Company:		Tel#:	N/A
Supervisor:	N/A	Salary:	N/A
Employed From: N/A	To:N/A	Title:	N/A
	Curre	ent Landlord	
Company:	N/A	Tel#:	N/A
Landlord:	N/A	Rent:	N/A
Rented From:			
I have read and signed the Disclosure and Authorization Agreement.			
SIGNATURE:		DATE	::

DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS

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, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence. Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

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 that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED				
Pri	nt Name			
Sig	nature	Date		
	For California, Minnesota or Oklahoma applicants report, if one is obtained, please check the box.	only, if you would like to receive a copy of the		