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## **Bahia Lakes Homeowners' Association Inc.**

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### **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](mailto: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](mailto:Receptionistnpr@qualifiedproperty.com)

or

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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](http://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  
Free (877) 869-9700 Phone (727) 869-9700 Fax (727) 581-1734

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### ALL INFORMATION MUST BE COMPLETED IN FULL.

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

Landlord Name: \_\_\_\_\_ Address: \_\_\_\_\_

Landlord E-Mail 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, 2026:

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

Year	Make	Model	Color	License Plate #	State

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

# BAHIA LAKES

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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>

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Bahia Lakes Property Address

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Tenant's Name Print

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Tenant's Signature

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Date

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Tenant's Name Print

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Tenant's Signature

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Date

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Tenant's Name Print

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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: \_\_\_\_\_