

# CORPORATE QUARTERS, INC. - HOUSING APPLICATION

Please complete information and return with photos & diskette of property (interior & exterior) if not already on file.

CATEGORY (check one):  House  Condo  Apartment  Room(s) Only      Subdivision: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security No. \_\_\_\_\_ Spouse Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ His Work Phone \_\_\_\_\_ Her Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Miles to Course \_\_\_\_\_

Your Email Address \_\_\_\_\_ Spouse's Email Address \_\_\_\_\_

Listed in the past with us? (when) \_\_\_\_\_ Smoking Allowed Inside?  Yes  No

Do you have pets in your home?  Yes  No      If yes, type of pet? \_\_\_\_\_

Approximate Square Footage \_\_\_\_\_ Breakfast table seats \_\_\_\_\_ Dining Table Seats \_\_\_\_\_

Description of home/condo \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BEDROOMS / BATHROOMS	Bedroom	Size bed	Main Floor	2nd	Other	Full Bath	Shared	Sep. Vanity
_____ Bedrooms	Master	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Full Baths	#2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Half Baths	#3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Bonus Room	#4	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Total Beds	#5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	#6	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**AMENITIES**

- |   |   |  |  |   |                                       |
|---|---|--|--|---|---------------------------------------|
| <input type="checkbox"/> Pool           | <input type="checkbox"/> Pool Table       | <input type="checkbox"/> Computer      | <input type="checkbox"/> Wireless Internet | <input type="checkbox"/> Patio          | <input type="checkbox"/> Bigscreen TV |
| <input type="checkbox"/> Pool House     | <input type="checkbox"/> Ping-Pong Table  | <input type="checkbox"/> Fax           | <input type="checkbox"/> Wetbar            | <input type="checkbox"/> Gas Grill      | <input type="checkbox"/> VCR          |
| <input type="checkbox"/> Rear Cottage   | <input type="checkbox"/> Foosball Table   | <input type="checkbox"/> Internet      | <input type="checkbox"/> Tennis Court      | <input type="checkbox"/> Charcoal Grill | <input type="checkbox"/> DVD          |
| <input type="checkbox"/> Gazebo         | <input type="checkbox"/> Dart Board       | <input type="checkbox"/> Printer       | <input type="checkbox"/> Hardwood Floors   | <input type="checkbox"/> Double Ovens   | <input type="checkbox"/> Piano        |
| <input type="checkbox"/> Sunroom        | <input type="checkbox"/> Basketball Hoop  | <input type="checkbox"/> Copier        | <input type="checkbox"/> Garage Parking    | <input type="checkbox"/> Gas Cooktop    | _____ No. of Phone lines              |
| <input type="checkbox"/> Screened Porch | <input type="checkbox"/> Exercise Equip.  | <input type="checkbox"/> Cable         | <input type="checkbox"/> Deck              | _____ No. of fireplaces                 |                                       |
| <input type="checkbox"/> Hot Tub        | <input type="checkbox"/> Golf Course View | <input type="checkbox"/> Digital Cable |  | _____ No. of TVs                        |                                       |
|   | <input type="checkbox"/> Pond/Lake View   | <input type="checkbox"/> Satellite     |  |   |                                       |

Other: \_\_\_\_\_

If your home qualifies would you allow your home to be used as a host home?  Yes  No      Dinner Home?  Yes  No

Desired Rental Rate \$ \_\_\_\_\_ Host Home \$ \_\_\_\_\_ Dinner Home \$ \_\_\_\_\_ \*Extra Night \$ \_\_\_\_\_

**Rental rates must include seven percent (7%) commission and maid service.**

\* Extra night: This rate usually applies to last minute additions, please enter a rate ONLY if you're flexible to rent your home for extra night(s).

Date & Time Available: From \_\_\_\_\_ To \_\_\_\_\_

Provide Maid Contact Information (Name & Phone #): \_\_\_\_\_

If you have a small floor plan and directions to your home from the Airport, Augusta National, Interstate 20, etc., it is most helpful.

Emergency person in town during the tournament:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

The information which you provide to Corporate Quarters about your property will be furnished to prospective renters. YOU WILL BE HELD RESPONSIBLE FOR ANY INACCURACIES IN THE INFORMATION YOU PROVIDE. This rental is at your own risk.

Signature \_\_\_\_\_

Date \_\_\_\_\_