

# Masters Housing Bureau Application

Please complete information and return with photo CD of a maximum of 15 photos of the property (interior & exterior, jpeg format, no DVDs, no slide shows) & **non-refundable \$25.00 processing fee.**

Application cannot be processed without fee. To expedite your application, go online to [www.mastershousing.com](http://www.mastershousing.com).

<b>OFFICE USE ONLY</b>	
Property #	_____
Check #	_____
Date Rec.	_____

CATEGORY (Check One):  House  Condo  Apartment  Room Would you like to be a host home?  Yes  No  
 Mr.  / Ms.  \_\_\_\_\_

_____	_____	_____	_____
Last Name	First Name	Spouse Name	Subdivision
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
(Area Code) Home Phone	(Area Code) Work Phone <i>His/Her</i>	Mobile/Pager	Miles from Course

_____	_____	_____
Your Email Address <b>(REQUIRED)</b>	Spouse's Email Address	Do You Smoke In Your Home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Listed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Year(s) _____	Smoking Allowed Inside? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type of Pet(s) _____	Do you allow your pets inside your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approx. Square Feet _____	Breakfast Table seats _____	Dining Table seats _____
Description of House/Condo: _____		

Indicate Numbers of the Following Available: Total Number of Bedrooms \_\_\_\_\_ Total Bathrooms \_\_\_\_\_ : Full \_\_\_\_\_ Half \_\_\_\_\_

Number of:	Bedroom Bedsizes	Private Bath	Location <i>(Please circle one for each)</i>			
_____ King size bed(s)	Master _____	Y / N	Main	2	3	Sublevel
_____ Queen size bed(s)	#2 _____	Y / N	Main	2	3	Sublevel
_____ Double bed(s)	#3 _____	Y / N	Main	2	3	Sublevel
_____ Single bed(s)	#4 _____	Y / N	Main	2	3	Sublevel
_____ Twin beds	#5 _____	Y / N	Main	2	3	Sublevel
_____ Bunk beds	_____	Y / N	Main	2	3	Sublevel
_____ Twin beds convert to King	Game/Bonus _____	Y / N	Main	2	3	Sublevel
_____ Daybeds	Other _____	Y / N	Main	2	3	Sublevel
_____ Sofabeds	Other _____	Y / N	Main	2	3	Sublevel

### Amenities available to guests in your property during Masters Week:

<input type="checkbox"/> Pool	<input type="checkbox"/> Dart Board	<input type="checkbox"/> Wetbar	<input type="checkbox"/> Front Porch
<input type="checkbox"/> Pool House	<input type="checkbox"/> Basketball Hoop	<input type="checkbox"/> Tennis Courts	<input type="checkbox"/> Rear Porch
<input type="checkbox"/> Rear Cottage	<input type="checkbox"/> Exercise Equipment	<input type="checkbox"/> Cable TV	<input type="checkbox"/> VCR
<input type="checkbox"/> Gazebo	<input type="checkbox"/> Computer	<input type="checkbox"/> Digital Cable	<input type="checkbox"/> DVD
<input type="checkbox"/> Sunroom	<input type="checkbox"/> Copier	<input type="checkbox"/> Satellite TV	<input type="checkbox"/> Golf Cart
<input type="checkbox"/> Screened Porch	<input type="checkbox"/> Fax	<input type="checkbox"/> Big Screen TV	<input type="checkbox"/> Gas Grill
<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Internet - Wireless? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hardwood Floors	<input type="checkbox"/> Charcoal Grill
<input type="checkbox"/> Pool Table	<input type="checkbox"/> Printer	<input type="checkbox"/> Garage Parking : # _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ping-Pong Table	<input type="checkbox"/> Pond/Lake View	<input type="checkbox"/> Deck	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Foosball Table	<input type="checkbox"/> Golf Course View	<input type="checkbox"/> Patio	<input type="checkbox"/> Other: _____

Desired Rental Rate: 3 Nights \$ \_\_\_\_\_ 4 Nights \$ \_\_\_\_\_ 5 Nights \$ \_\_\_\_\_ 7 Nights: \$ \_\_\_\_\_

Extra Night: \$ \_\_\_\_\_ Is figure negotiable?  Yes  No

Day & Time Available: From: \_\_\_\_\_ To: \_\_\_\_\_ Monday Departure Okay?  Yes  No

Maid Service included in rate?  Yes  No Maid Service Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**You must be responsible for handling any complaints/problems of the renter.** Please list below numbers at which you may be reached and/or a name & phone number of person the renter should call during Masters Week. **(Required)**

_____	_____	_____	_____
Name	Phone	Name	Phone
The information you provide to the Bureau about your property will be furnished to prospective renters and relied upon by them. <b>You may be held responsible for any inaccuracies in the information you provide. This rental is at your own risk.</b>			
Signature _____		Date _____	