



# NON-OWNER OCCUPANCY

## APPLICATION & Memorandum of Understanding

Check one:  Renter  Lessee  Family Member  Temporary Custodian\*\*

**\*\*Note: Temporary Custodian's request to be submitted to the Board 30 days prior to occupancy.**

**I hereby apply for occupancy at the address listed below:** PLEASE PRINT

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

Lot # \_\_\_\_\_ Block # \_\_\_\_\_ Sect# \_\_\_\_\_ Property # \_\_\_\_\_

Owner(s) Legal Name (print): \_\_\_\_\_

Owner(s) Signature: \_\_\_\_\_

Owner(s) Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**This document must be accompanied by a photocopy of legal document showing age, such as a driver's license, passport, military ID, or DMV non-driver identification card of applicant.**

List names of person(s) who will live with applicant (if more than two, attach additional list)

Applicant 1 Legal Name (print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Applicant 1 Proof of Age ID Type: \_\_\_\_\_

Applicant 1 Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant 2 Legal Name (print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Applicant 2 Proof of Age ID Type: \_\_\_\_\_

Applicant 2 Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

### **In case of emergency please notify** (recommended information)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Optional Information: Applicant's former residence location of more than one year.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**READ AND SIGN ON REVERSE SIDE**



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### Renter, Lessee, Family Member, or Temporary Custodian

In applying to occupy the dwelling house previously described, as a tenant, within the corporate area of Senior Estates Golf and Country Club, I acknowledge that the owner has given, and I understand and will comply with all applicable provisions of the Declaration of Restrictions; Articles of Incorporation; Bylaws of the Association and Rules and Regulations. I also understand that I am not a member of the Association by this action. After being qualified and approved by the Board of Directors to occupy this dwelling house I may apply for an Associate plan.

I understand that included in applicable provisions mentioned above at least one of the occupants of this dwelling house must be at least 55 years of age, and no one under 18 years of age may reside in the home. Further, any resident and or their guests must abide by the Rules and Regulations established by the Board of Directors. If I am a Temporary Custodian (not renting or leasing) I understand that I am limited to 7 months during a 12 month period. I agree to be responsible for any other residents and or guests at the property and see that they abide by all rules and regulations.

### Non-Owner Occupant Signature(s):

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Owner(s) Certification:** I certify that all occupants of this Property do qualify with the age restrictions set forth in the Declaration of Restriction that I have provided. Further, provisions of the Articles of Incorporation, Bylaws, Declaration of Restrictions, and Amendments thereto, and the Rules & Regulations shall be binding to both parties.

### Owner Signatures(s):

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>This Section for Office Use Only:</b>	
Date Received in Office: _____	By Staff Member: _____
This Application has been <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected Date _____	
Board of Directors Signatures	_____
	_____
	_____