



RENTAL POLICY

Pursuant to Article 3.1.5 of the Bylaws of Cottonwood Palo Verde at Sun Lakes HOA, a member has the right to delegate to the renter the member's right to use the association facilities by giving notice of such delegation to the General Manager. A member who surrenders his right to use the association facilities to a renter shall not have a right to use the association facilities until the designation of the member's right to the renter has been revoked by written notice to the General Manager. **ONE PERSON MUST BE 40 YEARS OF AGE OR OLDER TO RESIDE AT THE PROPERTY. NO ONE UNDER AGE 19 IS PERMITTED TO RESIDE AT THE HOME FOR MORE THAN 30 DAYS DURING THE TERM OF THIS RENTAL POLICY.**

TO RECEIVE RENTER CARDS

THE FOLLOWING MUST BE COMPLETED BY THE HOMEOWNER OR THEIR RENTAL AGENT AND TURNED IN TO HOMEOWNER SERVICES

1. Completed and **SIGNED RENTAL POLICY**.
2. **\$250 RENTAL PROCESSING FEE** for each rental transaction. **CASH OR CHECK ONLY - Payable to SLHOA #2. (Fee Subject to Change).**
3. **ALL HOMEOWNER CARDS** turned in or already on file at Homeowner Services. If one renter both homeowner cards must be turned in.
4. **PHOTOCOPY OF RENTERS DRIVER'S LICENSE OR OFFICIAL STATE PHOTO ID** for age verification. **(ONE PERSON MUST BE 40 YEARS OF AGE OR OLDER TO RESIDE AT THE PROPERTY. NO ONE UNDER AGE 19 IS PERMITTED TO RESIDE IN THE HOME FOR MORE THAN 30 DAYS)**
5. **ADDITIONAL RENTERS FEE** (More than 2 People). *SEE FEE SCHEDULE (Fee Subject to Change).

RENTER INFORMATION

The following have been delegated the right to use the Association amenities:

Renter Name **PRINT:** _____ Birth date _____

Renter Name **PRINT:** _____ Birth date _____

Renter Phone Number(s) _____

Rental Dates: From _____ To _____

Rental Date must have an end date not to exceed one year.

HOMEOWNER INFORMATION

Homeowner's Name _____ Member # _____
(Member # is the ENTIRE NUMBER ON YOUR HOMEOWNER CARD)

RENTAL PROPERTY Address _____

Homeowner or Rental Agent SIGNATURE _____ PRINTED NAME _____

During the rental period, Homeowner may be reached at:

Address _____ Phone # _____

RENTER MUST READ AND SIGN:

- I Have Received a Copy of the Renter Information Packet.
- I agree to Abide by the Association Rules & Regulations.
- I Understand and Agree that IT IS MY RESPONSIBILITY (RENTER) to Obtain any Association Information Regarding Association Rules & Regulations.
- I Understand One Person Must be 40 YEARS OF AGE OR OLDER to Reside at the Property and NO ONE UNDER AGE 19 IS PERMITTED TO RESIDE AT THE HOME FOR MORE THAN 30 DAYS During the Term of this Rental Policy.

SIGNATURE _____ DATE _____

***FEE SCHEDULE FOR ADDITIONAL RENTERS (MORE THAN 2) (SUBJECT TO CHANGE)**

\$30.00 PER WEEK for EACH additional renter. (Annual Assessment divided by 52)
\$133.00 PER MONTH for EACH additional renter (Annual Assessment divided by 12)
\$795.00 PER SIX MONTHS for EACH additional renter (Annual Assessment divided by 2)

OFFICE USE ONLY

_____ Number of Homeowner's cards on file at Homeowner Services.

_____ Number of Renter cards issued.

Renter Information Packet Given to Renter.

Rental Processing Fee Collected (\$250). Check or Cash.

Additional Renters Fee (more than 2 people) Total Collected = \$ _____

Long Term Rental Renewals 3 months or more past due will be Charged \$250.

NOTES: _____

Renter Report _____

Entered/Jonas _____

Deleted/Jonas _____