

Dear April Sound Property Owners Association,

This letter is to inform you I have chosen to be a landlord and have rented/leased my property. I hereby authorize my tenants listed below to set up a Standing Guest List and gate access in accordance with the Standing Guest List Policy. Please find below the basic information required as per the ASPOA dedicatory instruments:

Name of Property Owner (Landlord) _____

Address of Property: _____

EMERGENCY CONTACT

My designated 24-Hour Emergency Contact is (required for all leases, may not be the tenant; may be owner/manager /realtor). Attach Management Agreement if applicable.

Name: _____ Phone Number: _____

TENANT(S)

Tenant Name: _____ Phone Number: _____

Email: _____

Tenant Name: _____ Phone Number: _____

Email: _____

TERM of Rental/Lease Agreement Start Date: ____/____/20____ End Date: ____/____/20____

Use and Occupancy The following adult individuals are authorized to reside at the property during the Lease:

Landlord Acknowledgement – I acknowledge that I have the proper documentation stating my tenant(s) are aware of all the association rules or restrictive covenants that affect my property, and I will be responsible for returning any ASPOA property previously in my tenant(s) possession (passes and/or decals). All vehicles will meet deed restrictions in my section of April Sound and the Street Parking and Vehicle Storage Policy. I acknowledge that I will visit www.aprilsoundpoa.com for more information.

_____ Date _____
Signature of Property Owner (Landlord)

_____ Date _____
Signature of Property Owner (Landlord)

Tenant Acknowledgement – I acknowledge that in accordance with ASPOA dedicatory instruments, I am required to pay:

_____REQUIRED \$75.00 Tenant Administration Fee

_____REQUIRED \$2.00 per decal (sticker)

_____OPTIONAL \$25 per smart tag or EZ tag activation for the smart pass lane.

Please be prepared to pay with a check or money order. The POA does not accept cash or credit cards.

All vehicles will meet deed restrictions in my section of April Sound and the Street Parking and Vehicle Storage Policy. I understand that at the termination of my lease, I am responsible for returning any ASPOA property in my possession (passes and/or decals) to my landlord.

I acknowledge that I will visit www.aprilsoundpoa.com for more information.

_____Date _____
Signature of Tenant

Tenant Name: _____ Phone Number: _____

Email: _____

_____Date _____
Signature of Tenant

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FOR OFFICE USE ONLY

VERIFIED TENANT ID/DRIVERS LICENSE: _____ DATE: _____

AMOUNT RECEIVED: _____ CHECK/MO: _____