

# NON OWNER OCCUPANCY APPLICATION & Memorandum of Understanding PLEASE PRINT

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:

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### ADDRESS

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

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

Owner Day Phone: \_\_\_\_\_ Owner Cell Phone : \_\_\_\_\_

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

**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.**

Applicant's Legal Name (print): \_\_\_\_\_

Applicant's Proof of Age I.D.: Type: \_\_\_\_\_

Applicant #1 Day Phone: \_\_\_\_\_ Applicant #1 Cell Phone: \_\_\_\_\_

Applicant's Legal Name (print): \_\_\_\_\_

Applicant's Proof of Age I.D.: Type: \_\_\_\_\_

Applicant # 2 Day Phone: \_\_\_\_\_ Applicant # 2 Cell Phone : \_\_\_\_\_

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

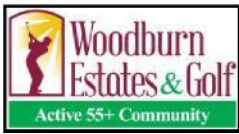
Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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**



# NON OWNER OCCUPANCY APPLICATION & Memorandum of Understanding

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

In applying to occupy the dwelling house previously described, as a tenant, within the corporate area of Woodburn Estates & Golf, 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 Signature(s):

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

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

### This Section for Office Use Only:

Date Received in Office: \_\_\_\_\_ By Staff Member: \_\_\_\_\_

This Application has been: \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected Date: \_\_\_\_\_

Board of Directors Signatures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_