



WINDOVER FARMS OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.

4025 Windover Way, Melbourne, FL 32934 (321) 259-2216

RENTER APPROVAL FORM

Date: _____ Lot Number _____

Name _____ Address _____

City _____ State _____ Zip _____

Phone: Home (_____) _____ Work (_____) _____

Fax (_____) _____ Cell (_____) _____

E-Mail: _____

Dear Board of Directors:

I would like to rent my property located at _____. The potential tenants are _____. The lease* will be for a 12 month period and I will make sure that the renters are aware of the Windover Farms Deed Restrictions and agree to abide by the Deed Restrictions while renting/leasing the listed property. A copy of the rules and regulations will be provided to them when they sign the lease.

Thank you for your consideration.

Sincerely,

HOMEOWNER

TENANT

<p>FOR OFFICIAL USE ONLY</p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> DENIED</p> <p>_____ REVIEWED BY</p>
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FOR VERIFICATION PURPOSES PLEASE SUBMIT A COPY OF THE LEASE WITH THIS FORM