VILLA MONTEREY RECREATIONAL ASSOCIATION

AN ASSOCIATION OF PROPERTY OWNERS IN VMRA, UNIT II
A 55 PLUS COMMUNITY

7701 E COOLIDGE STREET
SCOTTSDALE, AZ 85251
PH#: 480-994-5071
WEBSITE: VMRA2.COM

Application for Approval of Lease

To: Board of Directors

The undersigned, desiring to lease the premises in Villa Monterey Unit 2, presently owned by _____, and designated as Tract _____ of parcel ____, more commonly known by its street address of _____, Scottsdale, AZ 8525, hereby requests approval of such proposed transaction in accordance with the provisions of Paragraph 7 of the Declaration of Restrictions recorded in Dockets 3390, 4162, 91-256329 and 94-575610, Maricopa County Recorder's Office, which restrictions are understood by the undersigned to incorporated in all conveyances of land in such units.

The undersigned has read and is thoroughly familiar with: (A) Declaration of Restrictions; (B) Existing By-Laws; and (C) Rules and Regulations governing the Recreational Area owned the Association as well as VMRA policy restrictions regarding home ownership, leasing and owner/tenant age and agrees for himself/herself, his/her personal representative, successors, assigns, family, guests and licensees, to be bound by and to abide by all covenants, agreements and restrictions contained in the said Declaration of Restrictions, Existing By-Laws, Rules and Regulations, Owner restrictions, Age restrictions, Lease restrictions, and policies governing the recreational area owned by said association. Lessee is responsible for compliance to above documents.

I/we, the undersigned, submit the following information concerning my/our family and self and terms of the proposed transaction, representing all to be true and correct.

Applicant: _____ _____
Printed Signature

Date of Birth: _____

Phone: _____ Email: _____

Co-Applicant(s): _____ _____
Printed Signature

Date of Birth: _____

Phone: _____ Email: _____

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I hereby swear or affirm that statements made in the above Application for Approval of Lease are true and correct to the best of my knowledge and belief.

Signature of Applicant:_____

Signature of Co-Applicant: _____

Subscribed and sworn to before me this _____day of _____, 20___.

Notary Public in and for the state of Arizona.

My commission expires:_____

State of Arizona)
)ss,
County of Maricopa)