

**APPLICATION for CERTIFICATE OF APPROVAL
of UNIT RESIDENCY
in a CONDOMINIUM UNIT OWNED BY A MEMBER OF THE ASSOCIATION
*(OCCUPANCY OF A UNIT WITHOUT REMUNERATION TO THE OWNER
and BEYOND THE THIRTY (30) DAY GUEST LIMITATION)***

IMPORTANT: Application must be filled out fully and entirely. Any items that do not apply mark "N/A" for "not applicable". Applications that are not completed in entirety will be rejected and require resubmission.

1. Date Sent: _____ *Date received (to be filled in by Association)* _____

2. Application to the Board of Directors of Hidden Lake Villas Condominium Association, Inc. I hereby apply for approval of my occupancy of **condominium unit number** _____ beyond the Guest Occupancy limitation of thirty (30) days per calendar year described in Section 15 of the Association's Second Amended and Restated Declaration of Condominium.

3. Thirty (30) Day Advance Notice: I am hereby providing this Application to the Association Office thirty (30) days in advance of the proposed residency to allow the Office to process it appropriately.

4. Term: The period of occupancy I am applying for is from **(date)** _____ through **(date)** _____.

5. Owner's Presence/Absence: *(Circle where appropriate):* Owner **WILL** or **WILL NOT** be simultaneously residing in the unit during the period of my unit residency.
If Owner will reside part-time, please explain: _____

6. Occupancy Density: How many persons in total will be residing in the Unit during this time period? _____
Occupancy limit over thirty (30) days: four (4) persons/two-bedroom; two (2) persons/one-bedroom.

7. Identification of proposed Unit Resident(s): If more than one proposed resident is applying (other than husband/wife and custodial children), please use a separate piece of paper to provide all identification requested below. *(Social Security number(s) necessary for Association to obtain background checks.)*

Name of Applicant: _____ **Date of Birth:** _____

Social Security Number: _____ **Telephone:** _____

Mailing Address: _____

Name of Spouse, if applicable: _____ **Date of Birth:** _____

Social Security Number: _____ **Telephone:** _____

Name of custodial children, if any. (If you need more room, please use separate sheet of paper):

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

8. Emergency Contact: Whom do you wish us to contact in case of emergency?

Name: _____

Address: _____

City, State, Zip: _____ **Phone:** _____

9. References (Two needed for each applicant):

Reference Name # One (*local, if possible*): _____

Address: _____

City, State, Zip: _____ Phone: _____

Reference Name # Two (*local, if possible*): _____

Reference Name # Two: _____

Address: _____

City, State, Zip: _____ Phone: _____

10. Vehicle Parking: I agree to comply with all vehicle and parking restrictions of the Association, including the limitation of no more than two vehicles on the Condominium property, and the restriction against overnight parking of Trucks and Commercial Vehicles (*Section 14.5 of the Association's Declaration of Condominium*).

Vehicle Number One:

Make, model and year of automobile to be kept at Hidden Lake Villas: _____

License Number: _____ State of Registration: _____ Color: _____

Automobile Title Holder's Driver's License Number and State of Issuance: _____

Vehicle Number Two:

Make, model and year of automobile to be kept at Hidden Lake Villas: _____

License Number: _____ State of Registration: _____ Color: _____

Automobile Title Holder's Driver's License Number and State of Issuance: _____

11. Bona-fide Use: The occupancy of units is restricted to single family use and is further restricted by other provisions of the Association's Declaration for a number of reasons. To protect the property, the Association, and the Community, the Association Declaration has limitations to the number of guests allowed at one time and the frequency of overnight guest visitation. In addition, for similar reasons, leasing privileges are restricted to one nonrenewable lease per twelve month period with a three-month minimum and a nine month maximum per lease. The Association Declaration does, however, permit owners to make a **bona-fide** residential use of their units by allowing the Association to review and approve individuals who are not authorized Primary Occupants, Renters or Guests but whom the owner wishes to have stay in the condominium for a prolonged period of time. In order for the Board to determine whether this application is for an owner's **bona-fide** use, please state here why this request does not fit under the other categories of occupancy, (Ownership, Primary Occupancy, Renter, Guest), and why the circumstances of this request would justify receiving a Certificate of Approval for a unit residency:

12. Process Begins Upon Receipt of Complete Application: This Application must be filled out accurately, legibly, and completely before processing can begin. Applicants will be notified if their Application is deficient, and be given opportunity to correct the deficiency.

13. Signature of Applicant(s): I hereby state that the information provided herein is complete and factual to the best of my knowledge. I agree that any falsification or misrepresentation in this Application will justify its disapproval for good cause. I consent to all inquiries by the Board concerning this Application. I authorize a criminal background check as part of the application process. I also state that I have received from the Association a copy of relevant sections of the Association's Documents and Rules, and I agree to abide by the requirements therein. I further state that I shall advise any and all guests and family members of the conduct required of them while staying in the condominium unit and I shall be responsible for their behavior, pursuant to the Association's governing documents. All applicant(s) and spouse(s), if any, do hereby sign this Application:

Applicant's Signature: _____ **Date:** _____

Spouse's Signature, if applicable: _____ **Date:** _____

14. Statement and Signature of Unit Owner:

I wish this Applicant(s) to reside in my unit for the time period designated in this Application. For this residency, I am not receiving remuneration of any kind or form, nor am I receiving any goods or services, nor is this arrangement involved in any time sharing or house sharing anywhere, nor in any other arrangement whereby I receive compensation of any kind, nor services, goods, or occupancy elsewhere. I understand that I may be fined up to \$100 per day and up to \$1,000 per incident if a Certificate is granted and it is later learned that these procedures were used to circumvent the requirements of the Association's Declaration of Condominium and/or Rules and Regulations regarding Leasing and/or Guest Occupancy. I agree I am responsible for the behavior of all persons covered in this Application as well as all persons who may occupy my unit.

Owner's Signature: _____ **Date:** _____

Print Name: _____ **Unit Number:** _____