

**2019 Holleybrooke Homeowners' Association, Inc.  
Annual Resident Pool Application**

All residents/tenants must complete this form. Homeowners who have rental properties within the subdivision MUST provide a copy of the special information sheet completed and signed, listing the names of ALL legal tenants (including children) living at the property. Homeowners are liable for the compliance with the Rules and Regulations, therefore, landlords are expected to review these Rules and Regulations and supply a copy to their tenants prior to pool season opening.

**ALL residents/tenants with children over the age of 18 must provide two forms of residency (Driver's license, utility bill, pay stub, bank statement, current voters ID).**

**TO AVOID LONG LINES, WE HIGHLY RECOMMEND THAT RESIDENTS FILL OUT THE INFORMATION BELOW AND MAIL IT ALONG WITH YOUR PASSES TO:**

**Holleybrooke Homeowners' Association, Inc.**

**P O Box 1088**

**Spotsylvania, VA 22553**

All information must be completed. **Landlords must provide the required information.** Incomplete tenant applications will result in denial of use of the Association amenities by the tenants.

**ALL dues must be paid and any ACC violations must be remedied before pool passes will be issued.**

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Property address: \_\_\_\_\_

Owners: \_\_\_\_\_

Home phone # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_

**Does someone other than the owner occupy this residence?      Yes or No**

**Have you ever had pool passes?      Yes or No**

**If yes, do you still have them?      Yes or No**

**\*\*\*Pass replacement cost if lost: \$5.00 if we provide photo, if you provide photo the cost is \$3.00.**

Owner Address if different from property address \_\_\_\_\_

\_\_\_\_\_

Tenant name on lease: \_\_\_\_\_

Home phone # (    ) \_\_\_\_\_ Work # (    ) \_\_\_\_\_

Additional family members residing at the property: (please print all names)

**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Relationship** \_\_\_\_\_

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Name\_\_\_\_\_DOB\_\_\_\_\_Relationship\_\_\_\_\_

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Name\_\_\_\_\_DOB\_\_\_\_\_Relationship\_\_\_\_\_

Name\_\_\_\_\_DOB\_\_\_\_\_Relationship\_\_\_\_\_

Name\_\_\_\_\_DOB\_\_\_\_\_Relationship\_\_\_\_\_

**NOTE:** Community Rules and Regulations are available on the web at [www.Holleybrooke.org](http://www.Holleybrooke.org). Parents are responsible for the behavior of their children and are expected to instruct their children to observe all community and pool rules and regulations.

**CERTIFICATION**

**I certify** all individuals listed on this form are family members including adopted and/or foster children that live in my home on a permanent basis. Childcare and hired babysitters are **NOT** considered family members and will require a guest pass to obtain entry to the pool (provided they are 18 or older).

All applicants listed on this sheet **AGREE** to abide by the rules and regulations governing the operations and use of the common grounds and the community pool and not hold the Holleybrooke Homeowners' Association, Inc., its employees or the Board of Directors liable for any personal injury sustained by any guest while using the facility.

**I UNDERSTAND** the privileges associated with and continued use of Association amenities (to include pool) are contingent upon receipt of payment for all homeowner's dues, liens, judgments and assessments due the Association and the resolution of any and all Architectural Control Violations on my lot. I further **UNDERSTAND** that all information gathered on this form will be used for the HHOA business purposes only.

**I understand that all information provided is true, any false information can result in loss of pool privileges.**

Signed\_\_\_\_\_Date\_\_\_\_\_

**COMMUNITY YARD SALE  
SATURDAY JUNE 8  
8:00 AM – 1:00 PM**