SEASONAL LEASE

OAK HOLLOW P. O. A.

SEASONAL LEASE - AT LEAST 21 DAYS BUT LESS THAN 183 DAYS

PLEASE PRINT

This short form application should be submitted to the Oak Hollow P. O. A. office at least thirty (30) days prior to the desired date (s) of occupancy.

OAK HOLLO\	N ADDRESS:	LO	т	BLOCK		
	N OWNER/REALTO	R/AGENT:				
NAME:		SPOUSE:				_
ADDRESS:		0	CITY:			
STATE:	ZIP:	TELEPHON	E:			_
I/We hereby	apply to qualify to <u>I</u>	<u>EASE from</u>	to		, 20	

- 1. Please attach a <u>copy</u> of the proposed <u>lease contract</u> with this Application.
- 2. Any violations of the term, provisions, conditions, and/or covenants of the Association or lease, provide cause for immediate action as therein provided or termination of lease under appropriate circumstances.
- 3. The <u>Realtor/Landlord</u> must verify that the Lessee has a <u>COPY</u> of the <u>Association Rules and</u> <u>Regulations</u> and agrees to abide by them.

QUALIFY FOR SEASONAL LEASE

Names, ages, and relationships of other persons who will occupy residence.

NAME	_ RELATION	_ AGE
NAME	RELATION	_AGE
NAME	RELATION	_AGE

DRIVERS' LICENSE/ID CARDS/VEHICLE REGISTRATION

Please enclose a copy of drivers' license and/or ID's and vehicle registration for each person/vehicle.

Signature of Applicant	_ Date
Signature of Applicant	_ Date
Signature of Owner/Realtor	Date

Vehicle Information (2 allowed)

Make/Model	Year	Color	Plate #	State
Make/Model	Year	Color	Plate #	State