Gilbert, Arizona

Rental Property Policies & Guidelines Revised – 4/17/09

In an effort to improve communication and maintenance efficiencies on rental properties within the Stonecreek Homeowners Association (herein referred to as "Stonecreek"), the Board of Directors has adopted the following policy and procedure guidelines. These guidelines must be strictly followed by all homeowners who rent or do not reside in their homes within Stonecreek HOA.

- 1. All Stonecreek landlords/owners must complete the "Landlord/Tenant Registration Form". The completed form must be forwarded to Stonecreek within thirty (30) calendar days upon full execution of a rental agreement or occupancy by a non-owner resident within Stonecreek. Failure to complete and forward the form will result in a fine of \$250.00.
- 2. In the event that any of the information on the Landlord/Tenant Registration Form changes or is incorrect, all Stonecreek landlords/owners must complete and submit and amended/corrected form to Stonecreek within thirty (30) days from the date of any such change or discovery of the inaccuracy.
- 3. All Stonecreek landlords/owners must verify and acknowledge in writing to Stonecreek that the tenant/resident is a single family unit. The Stonecreek landlord/owner must insure that the tenant/resident is a single family unit and must take all reasonable actions to enforce the same.
- 4. The Stonecreek landlord/owner must provide a copy of the Stonecreek Conditions, Covenants and Restrictions (CC&R's) to the tenant/resident before the tenant/resident moves in. The Stonecreek landlord/owner is encouraged to include the CC&R's in the rental agreement to bind the tenant/resident accordingly.

STONECREEK HOMEOWNERS ASSOCIATION LANDLORD/TENANT REGISTRATION FORM

THE INFORMATION ON THIS FORM MMUST BE ACCURATE AND ON FILE WITH THE STONECREEK HOMEOWNERS ASSOCIATION AT ALL TIMES DURING THE LEASE PER THE "RENTAL PROPERTY POLICIES & GUIDELINES".

LANDLORD/OWNER INFORMATION		
NAME:		
STONECREEK STR	REET ADDRESS:	
MAILING ADDRES	SS	
PHONE NUMBER	RS: Home:Work:	
	Cell:	
Emergency Conta	act:Phone #	
Email Address:		
TENANT/RESIDENT INFOR	RMATION	
Name:		
Mailing Address:		
Phone #'s:	home: Work:	
	Cell:	
Email Address:		
DENITAL ACRESAGNIT INFORMATION		
RENTAL AGREEMENT INFORMATION		
Lease Term: Start Date: End Date:		
PROPERTY MANAGEMEN	IT COMPANY INFORMATION	
Property Management Company:		
Contact Person:_		
Address:		
Phone #'s: Office_	Cell	
Emergency #	FAX	
Email Address:		