



The Belmont Condominium Trust

Rental Policies & Procedures

Dear Unit Owner:

For the benefit and knowledge of all Owners, this is a re-statement of the rules and procedures for the rental of your Unit at The Belmont. As you are aware, the Master Deed contains several specific provisions relating to the rental of your Unit at The Belmont. These provisions are included in paragraph 8, Restrictions on Use. The relevant portions of this paragraph follow:

No such Unit shall be rented, let, leased or licensed for use or occupancy by others than the Owners thereof except (l) for a period of one month or more...

In all instances, Units may only be so rented, let, leased or licensed to persons who have first been approved in writing by said Trustees...

Further, paragraph 8 of the Master Deed was subsequently amended by a 75% vote of the Unit Owners to add:

Additionally, all such renting, letting, leasing or licensing (l) shall be upon a written agreement therefore in a form and content acceptable to the Trustees, a copy of which is provided to the Trustees prior to the occupancy...

Thus, rentals at The Belmont must be for a minimum of one month or more, must be approved by the Trustees in advance, and must be on a written agreement form approved by and provided in advance to the Trustees.

The rental density permit issued by the Town of Harwich shall determine the maximum number of persons permitted to occupy a rental Unit. However, under no circumstances may this number exceed 4 persons in a two-bedroom or 6 persons in a 3-bedroom Unit under the association rules as determined by the Board of Trustees.

The proper procedure is as follows:

1. Obtain a Belmont rental application from the management office and complete and file this form with the Manager.
2. If your renter is a first-time renter, there is a background form that must be completed by the applicant. This form must be returned to the management office, along with the applicable fee as charged by the outside firm (currently \$52.50).

The Belmont • One Belmont Road • West Harwich, MA 02671
Phone 508-432-8028 • Fax 508-432-6212
belmontmanager@yahoo.com



The Belmont Condominium Trust

3. A copy of the proposed lease, signed by both parties, must be filed with the management office.
4. **A rental density permit issued by the Town of Harwich must be filed with the management office. (New requirement)**
5. **A copy of the Belmont Rules and Regulations must be signed by the tenant with a copy to the office. (New Requirement)**

Upon completion of all required paperwork, written approval will be forwarded to you. The approved rental information will be provided to Belmont security, so your renter will be admitted. Unless this procedure is followed, your renter will be denied entry to The Belmont. Rental guests will be provided with a "**Rental Guest Parking Permit**" which must be displayed on their vehicles at all times.

Your approved renter will be issued on arrival an information packet including rules for the use of our facilities, and a vehicle-parking pass valid for the duration of the rental period. Your renter may park only in your parking space or any unassigned outside parking space. In addition, based on The Belmont Declaration of Trust, any Unit Owner who has rented their Unit will not be permitted to use any Belmont common facility during the period of the rental without Board approval.

This procedure for rentals has long been in place, and has been followed by our Unit Owners. It is the continuing intention of the Trustees to strictly enforce the provisions of the Master Deed and Declaration of Trust relative to the provisions regarding rentals. Fines and/or denial of entry may occur if a Unit Owner does not follow these procedures. The Trustees are convinced that these procedures are clearly in the best interest of all Unit Owners, and ask your cooperation and compliance. Questions on these procedures should be directed to the Manager.

Sincerely yours,
The Belmont Board of Trustees

Herbert Cummings, Chairman
Walter Perry, Vice Chairman
Cornelius Donovan, Treasurer
James Hilliard, Secretary

John Hackett, Trustee
Steve Daley, Trustee
George Davagian, Trustee



THE BELMONT CONDOMINIUM TRUST

- RENTAL APPLICATION -

Date: _____

APPLICANT(S): _____

ADDRESS: _____

HOME TELEPHONE: _____ BUSINESS TELEPHONE: _____

PRESENT EMPLOYER: _____

ADDRESS: _____

TELEPHONE: _____ YEARS EMPLOYED: _____

REFERENCES: _____

HAVE YOU RENTED A HOME OR CONDOMINIUM IN THE PAST FIVE YEARS? IF SO, PLEASE LIST FROM WHOM AND THE ADDRESS OF THE OWNER:

IT IS AGREED THAT DURING THE TERM OF THE LEASE, NO PETS OF ANY KIND WILL BE KEPT ON THE LEASED PREMISES OR BE ALLOWED TO VISIT.

(Please initial)

IT IS AGREED THAT I/WE THE LESSEE, MY FAMILY AND GUESTS SHALL ABIDE BY THE RULES AND REGULATIONS OF THE BELMONT CONDOMINIUM TRUST.

(Please initial)

PLEASE PROVIDE AUTOMOBILE DESCRIPTIONS AND REGISTRATIONS (State & Plate IDs) FOR VEHICLES OWNED BY PERMANENT RESIDENTS IN YOUR HOUSEHOLD WHICH WILL BE ON SITE AT THE BELMONT DURING YOUR STAY:

CONDOMINIUM UNIT OWNERS NAME: _____ UNIT NUMBER: _____

RENTAL DATES - FROM: _____ TO: _____ (ONE MONTH MINIMUM REQUIRED)

NUMBER OF BEDROOMS: _____ MAXIMUM NUMBER OF PEOPLE TO OCCUPY: _____

ADULTS: _____ CHILDREN & AGES: _____

Signature: _____ Date: _____

A COPY OF THE BELMONT CONDOMINIUM RULES AND REGULATIONS IS ATTACHED TO THIS BLANK APPLICATION.

This application, accompanied by a copy of the signed lease is subject to TRUST approval.

Trust: _____ Date: _____

Submitted By: _____ Date: _____

**BACKGROUND QUESTIONNAIRE****PLEASE PRINT CLEARLY**

Last Name, First Name, Middle Name		Date of Birth* (Optional)		Social Security Number	
Other Names Used	Date Used	Driver's License Number		State of Issue	Position Applied For
		Home Phone ()		Work Phone ()	

HOME/MAILING ADDRESSES FOR PAST 5 YEARS

Street Address	City	State	Zip	County	FROM MO./YR.	TO MO./YR.
1.						
2.						
3.						
4.						
5.						

5-YEAR EMPLOYMENT HISTORY

Show all employments, beginning with last, or present employer. If self-employed, list at least 2 business and 2 credit references including account numbers and/or contact names, checking the appropriate boxes.

MAY YOUR CURRENT EMPLOYER(S) BE INTERVIEWED? Yes ☐ No ☐

(Show every employment — begin with last, or present employer.)

DATES _____ Check One: Employer: ☐ If self-employment: Business Reference ☐ Credit Reference ☐
 Mo. & Yr. NAME _____ PHONE # ()
 From: ADDRESS _____ CITY _____ STATE _____ ZIP _____
 JOB TITLE(S) _____
 To: NAME OF SUPERVISOR OR CONTACT _____ DEPT. _____
 REASON FOR LEAVING: _____

DATES _____ Check One: Employer: ☐ If self-employment: Business Reference ☐ Credit Reference ☐
 Mo. & Yr. NAME _____ PHONE # ()
 From: ADDRESS _____ CITY _____ STATE _____ ZIP _____
 JOB TITLE(S) _____
 To: NAME OF SUPERVISOR OR CONTACT _____ DEPT. _____
 REASON FOR LEAVING: _____

DATES _____ Check One: Employer: ☐ If self-employment: Business Reference ☐ Credit Reference ☐
 Mo. & Yr. NAME _____ PHONE # ()
 From: ADDRESS _____ CITY _____ STATE _____ ZIP _____
 JOB TITLE(S) _____
 To: NAME OF SUPERVISOR OR CONTACT _____ DEPT. _____
 REASON FOR LEAVING: _____

DATES _____ Check One: Employer: ☐ If self-employment: Business Reference ☐ Credit Reference ☐
 Mo. & Yr. NAME _____ PHONE # ()
 From: ADDRESS _____ CITY _____ STATE _____ ZIP _____
 JOB TITLE(S) _____
 To: NAME OF SUPERVISOR OR CONTACT _____ DEPT. _____
 REASON FOR LEAVING: _____

(Over)

EMPLOYMENT HISTORY (continued)

DATES		Check One: Employer: <input type="checkbox"/> If self-employment: Business Reference <input type="checkbox"/> Credit Reference <input type="checkbox"/>	
		(List Account No.'s)	
Mo. & Yr.	NAME _____	PHONE # () _____	
From: _____	ADDRESS _____	CITY _____	STATE _____ ZIP _____
	JOB TITLE(S) _____		
To: _____	NAME OF SUPERVISOR OR CONTACT _____		DEPT. _____
	REASON FOR LEAVING: _____		

DATES		Check One: Employer: <input type="checkbox"/> If self-employment: Business Reference <input type="checkbox"/> Credit Reference <input type="checkbox"/>	
		(List Account No.'s)	
Mo. & Yr.	NAME _____	PHONE # () _____	
From: _____	ADDRESS _____	CITY _____	STATE _____ ZIP _____
	JOB TITLE(S) _____		
To: _____	NAME OF SUPERVISOR OR CONTACT _____		DEPT. _____
	REASON FOR LEAVING: _____		

EDUCATION

INSTITUTION NAME AND ADDRESS	FROM MO. YR.	TO MO. YR.	GPA CLASS STANDING	MAJOR	MINOR	TYPE DEGREE	DATE DEGREE OBTAINED OR TO BE OBTAINED

OTHER LICENSES OR CERTIFICATIONS

TYPE OF LICENSE OR CERTIFICATION	LICENSE OR CERT.#		STATE OF ISSUE	EXPIRATION DATE

Have you been convicted of any crime? Yes _____ No _____

If so: County _____ City _____ State _____ Date _____

Charge: _____

Disposition: _____

*Date of Birth necessary to verify an applicant's criminal and driving history. The Federal Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age.

I authorize all corporations, companies, credit agencies, financial institutions, educational institutions, persons, law enforcement agencies, former employers and the Military services to release all written and verbal information about me to PROFILES PLUS, INC. I release them from any liability and responsibility for doing so. I also authorize the procurement of a consumer credit report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

Date: _____ By: _____

Applicant's Signature

Special Instructions: _____



COMMONWEALTH OF MASSACHUSETTS
TOWN OF HARWICH
BUILDING DEPARTMENT
RENTAL DENSITY REGISTRATION

FEE: \$50.00

Date _____

Pymt Type _____

Rec'd by _____

RENTAL PERMIT # _____

DATE: _____

I: Permission is hereby granted to _____
(Property Owner)

II: LOCATION: _____

III: BUILDING COMMISSIONER /INSPECTOR _____

Conditions / Comments:

IV: To be completed by property owner and mailed to Building Dept. for approval & signature. If approved, the Dept. will return signed certificate for posting. (Harwich Building Dept., 732 Main St., Harwich, MA 02645)

No. of bedrooms: ☐ x 2 = No. of people said building/unit can legally accommodate.

Pass Fail

- ☐ ☐ Test smoke detectors
- ☐ ☐ Test CO detectors – See MGL 148 5.268½
- ☐ ☐ Decks, guardrails and handrails (if applicable)
- ☐ ☐ Egress from building

V:

**THIS CERTIFICATE MUST BE
DISPLAYED IN A CONSPICUOUS
PLACE ON THE PREMISES**

Owner's Signature _____

VI: HARWICH GENERAL BYLAWS ARTICLE IV, PART 3, RENTAL OF DWELLINGS – REGULATIONS

Inspection by Building Inspector

4-301. Any owner or agent, who shall offer for rent or lease any building or portion thereof to be used for habitation, other than duly authorized or licensed premises, for a period of ninety (90) days or less shall first register with the Building Inspector, who shall determine the number of persons said building or portion thereof can legally accommodate.

Violations - Penalty

4-302. Upon the arrest and conviction for violation of any statute of the Commonwealth reported to have taken place on any such rented or leased premises as described in Section 1, the tenant, holder of a lease, and anyone found to be in violation of the preceding section shall be punished by a fine of twenty (\$20.00) dollars, if at the time of said violation it was found that the number of occupants on or about any such premises exceeded two hundred (200%) percent of the registered occupancy as required by the provisions of Section 1 of this act or the amount so to be determined by the Health Inspector if no such registration shall be in effect.

Certificate of Registration - Posting

4-303. Any building or portion thereof registered as required by this act, shall have conspicuously posted therein a certificate of registration together with a copy of this Act.