

BALANCE ROCK CONDOMINIUM ASSOCIATION, INC.
TENANT'S CERTIFICATE OF OCCUPANCY
Adopted February 1, 1999

TO: Board of Directors
Balance Rock Condominium Association, Inc.
c/o Collect Associates
392 River Road
Shelton, CT 06484

The undersigned, (1) _____ (2) _____

Proposed tenant (s) of address _____

At Balance Rock Condominium do state:

A. Tenant will occupy the unit as a

_____ Primary Residence

_____ Secondary Residence

B. The only other occupant (s) will be the following:

NAME	ADDRESS	RELATIONSHIP TO TENANT
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Tenant will notify the current Property Manager of Balance Rock (Collect Associates 392 River Road Shelton, CT 06484 (203) 924-5331) in writing of any changes in the foregoing occupancy.

D. Tenant has received a copy of the Rules & Regulations of Balance Rock Condominium Association, Inc. from the owner.

E. By the signature (s) below, the tenant (s) declare that the Rules & Regulations of the Balance Rock Condominium Association, Inc. has been received, read and will be complied with and observed.

Signatures:

Tenant (1) _____ Tenant (2) _____

Date: _____

Date: _____

RENTAL APPLICATION FORM

Applicant Information

Unit: _____

Requested Move In Date: _____

Name: _____

Social Security # _____ Date of Birth: _____

Driver's License # _____ Expiration Date: _____

Present Address: _____

Years at Residence: _____

Present Landlord: _____ Phone: _____ from _____ to _____

Previous Address: _____

Previous Landlord: _____ Phone: _____ from _____ to _____

Occupation: _____ Years at Present Job _____ Annual Salary \$ _____

Business Address: _____ Business Phone: _____

Car Registration # _____