



LETTER OF INTENT TO LEASE PROPERTY

HOMEOWNER INFORMATION

Name: _____

Unit & Lot: _____

Property Address: _____

Mailing Address: _____

Phone#: _____

Email Address: _____

TENANT/RENTER INFORMATION

Name: _____ Name: _____

Lease Dates: From _____ To _____

Check box if long term

Phone#: _____

Email Address: _____

ADDITIONAL TENANTS/RENTERS (MORE THAN 30 DAY GUEST) More than two (2) persons half the monthly dues.

Name: _____

Lease Dates: From _____ to _____

Phone#: _____

Email Address: _____

Signature of Homeowner

Date

**** By signing this form, the property owner/homeowner acknowledges forfeit of all Sun Lakes Country Club facilities use privileges to renter(s) and agrees to return their homeowner membership card(s) to the Association.**

ONE PERSON MUST BE 45 YEARS OF AGE OR OLDER TO RESIDE AT THE PROPERTY. NO ONE UNDER AGE 19 IS PERMITTED TO RESIDE AT THE HOME (FOR MORE THAN 30 DAYS) DURING THE TERM OF THIS RENTAL POLICY.

*****Rental Processing Fee collected - \$25.00. Credit Card, Check or cash by homeowner/Credit card or CASH only if by renter.*****