

GUEST REQUEST FORM

Date _____

I, _____, at (address) _____ request
that the person(s) listed below

Name of Guest: _____
If over 18 years of age, please provide SSN _____ & Birth date: _____

Name of Guest: _____
If over 18 years of age, please provide SSN _____ & Birth date: _____

be permitted to visit with me in my unit for the time period of _____
_____. I understand that there is a maximum limit
of four (4) persons to a two (2) bedroom unit and six (6) persons to a three
(3) bedroom unit. The maximum length of a visit may not exceed six (6)
months. There will be no extensions to the six (6) month period allowed.

Reason for visit: _____

I understand that my guest may only be a guest in my unit as long as I am
actually in residence, that he/she must abide by all Area E policies and
regulations, attend an Orientation Meeting, and may not live in my unit
when I cease to be a Member or resident. Violations of Cooperative
policies may result in my eviction. Prior to approval, a Background Check
of my guest will be performed and a \$15.00 fee will be charged to my
account.

Signature of Member

Date

Approval by Membership Committee/Board

Date