

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, and that he/she must abide by all Area E policies and regulations. 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 per guest will be due upon submission of Guest Request Form. I may ask my guest to leave at any time, and he/she will have 24 hours to vacate the unit.

Signature of Member

Date

Approval by Membership Committee/Board

Date