Punta Rassa Condominium Non-Owner Occupancy Form - Guests

BLDG: _____ UNIT NO.: _____

TIME PERIOD OF OCCUPANCY: FROM: _____TO: _____

OCCUPANT(S): Name: _____

Address: _____

_____

Telephone No. _____

Number in Party (Maximum 6 including children): ADULTS: ___CHILDREN (Under 12): ___

EMERGENCY CONTACT(S): Name: _____

Telephone No.: _____

VEHICLE: Make/Model: _____

Year: _____ Color: _____

License Plate No.: _____

I, _____ Occupant of Unit No. _____ in Building __, hereby acknowledge the Punta Rassa Condominium Association Rules and Regulations pertaining to occupancy and usage of the Condominium and Common Areas, including Rules and Regulations regarding the prohibition of pets for Guests.

_____ _____
Signature of Occupant Date

I, _____Owner of Unit No. _____in Building _____, hereby grant access to my condominium at Punta Rassa Condominium Association for the Time Period of Occupancy identified above. I have made the Occupant aware of all Punta Rassa Condominium Association Rules and Regulations pertaining to occupancy and usage of my condominium and common areas, including Rules and Regulations regarding prohibiting Pets for Guests. I accept full responsibility for any Occupant(s) in my condominium and am also responsible for any fines, vehicle towage fees, or other penalties that may be applicable to any Occupant(s) usage of my condominium and all common areas during the Time Period of Occupancy identified above.

_____ _____
Signature of Homeowner Date

_____ _____
Signature of Association Manager Date

This form must be submitted to the Punta Rassa Condominium Association Office at least 10 days before your guest(s) arrival for approval from the Board of Directors. The "Affidavit As To Overnight Guest Form" should be submitted along with this form. For your convenience, you may have the PRCA office notarize it with the guest(s) present. When the guest(s) arrive at the PRCA office, they will receive a Temporary Parking Pass, which must be completed and displayed in their car for the full length of stay.

PUNTA RASSA CONDOMINIUM ASSOCIATION, INC.

AFFIDAVIT AS TO OVERNIGHT GUEST OCCUPANCY OF UNIT

Overnight guests are defined as visitors/occupants staying overnight for less than 30 days during any calendar year without paying any compensation, payment, trade, kick-back, or any other consideration as defined in paragraph #4 below.

Upon completion and execution, this Affidavit should be submitted to the Association at least 10 days prior the overnight Guests' arrival. The affidavit should be hand-delivered to the Association's office or emailed to: admin@puntarassa.org.

The undersigned, after first being duly sworn, state under oath as follows:

1. We, the undersigned, are the Unit Owner(s) and the proposed Guest occupant(s) of Unit #_____of Punta Rassa Phase_____.

2. The occupancy for which this Affidavit is given will begin on_____and end on _____.

3. We acknowledge that the Declaration governing the Punta Rassa Condominium Association Inc., regulates guest occupancy and the leasing of Units. The undersigned attest that the undersigned Guests shall not stay overnight in the Unit for more than 30 days total in any calendar year.

4. The undersigned acknowledge that the proposed Guest occupancy is not a rental. No compensation is being provided in connection with the occupancy of the Unit, but a lease may be required by the Association. Compensation includes but is not limited to when the use of the Unit is a trade, "kick-back," reward, or is based on or associated with a commercial or business relationship between the Unit Owner and Guest or their family. Please explain the nature of the relationship:

   _____

5. Please list the names and addresses of all occupants:

   _____

   _____

   _____

   A maximum number of 6 people may occupy the Unit.

6. We understand that in the event it is determined the proposed Guests have paid or given consideration to occupy the Unit, as described in paragraph #4 above, the proposed Guest(s) will immediately vacate the Unit upon demand by the Association. Further, we understand that in the event it is determined that this occupancy violates the Association's restrictions on leasing, the Association shall take all appropriate legal action against the Unit Owner, including prohibiting future leasing or guest occupancy in the Unit.

7. We understand and have reviewed the Declaration and Rules and Regulations governing Punta Rassa.

8. The undersigned Guests understand that they must check in with the Association's onsite manager immediately upon arriving at the Condominium and that such check-in is limited to Monday through Friday, 9am to 4pm ET. Guests may not occupy the Unit prior to checking-in with the Association's onsite manager.

9. We are providing this Affidavit in furtherance of the obligation of Punta Rassa Condominium Association, Inc. to enforce restrictions on leasing.

_____

Signature of **Unit Owner 1**

Print Name: _____

Date: _____

STATE OF_____)
) SS: COUNTY OF
_____)

The foregoing instrument was acknowledged before me this_____day of _____ 20____, by _____. He/She is personally known to me or has produced _____(type of identification) as identification.

_____

Notary Public

_____

Printed Name

My commission expires: _____

_____

Signature of **Unit Owner 2**

Print Name: _____

Date: _____

STATE OF_____)
) SS: COUNTY OF
_____)

The foregoing instrument was acknowledged before me this_____day of _____ 20____, by _____. He/She is personally known to me or has produced _____(type of identification) as identification.

_____

Notary Public

_____

Printed Name

My commission expires: _____

_____

Signature of **Guest 1**

Print Name: _____

Date: _____

STATE OF_____)
) SS: COUNTY OF
_____)

The foregoing instrument was acknowledged before me this_____day of _____ 20____, by _____. He/She is personally known to me or has produced _____(type of identification) as identification.

_____

Notary Public

_____

Printed Name

My commission expires: _____

_____

Signature of **Guest 2**

Print Name: _____

Date: _____

STATE OF_____)
) SS: COUNTY OF
_____)

The foregoing instrument was acknowledged before me this_____day of _____ 20____, by _____. He/She is personally known to me or has produced _____(type of identification) as identification.

_____

Notary Public

_____

Printed Name

My commission expires: _____