#### **Rental Use Form Directions**

Owners shall complete the Rental Use Form and submit it along with all required documents and fees to The Enclave at Oak Hill Property Management. Short-term (180 days) and long-term (>180 days) renters follow the same check-in process. All renters shall comply with the Rules and Regulations of The Enclave at Oak Hill. It is the unit owner's responsibility to inform their renters of these Rules and Regulations. The Unit Owner understands that any fines or damage caused by renters will be assessed directly to the unit owner without warning or notification as it is the owner's obligation and responsibility to monitor their renters.

#### 1. Renters

- a) Short-term and long-term rentals.
- b) Owners complete and submit Rental Use Form to The Enclave at Oak Hill Property Management via email or USPS a minimum of 14 days prior to guest arrival.
  - c) Required:
  - i) Completed Rental Use Form with all names and information
  - ii) Copy of rental contract
  - iii) \$50 for background check each adult on the Rental Use Form payable to Enclave at Oak Hill.
  - iv) \$750 Rental Impact Fee/to be paid before move-in and annually
  - The Rental Impact Fee will be \$750 to be paid before move-in and \$50 background fee for all persons 18 or older. An additional \$750 Rental Impact Fee to be paid annually, from the date of move-in for same renters.
  - v) \$250 Non-Owner-Occupied Move-in Administration Fee paid before move-in and annually The Non-Owner-Occupied Move-In Administrative Fee will be \$250 to be paid before move-in and \$50 background fee for all persons 18 or older. An additional \$250 Non-Owner-Occupied Fee to be paid annually, from the date of move-in for same occupants.
  - d) Required documents at Check In:
  - i) Current state-issued photo ID for all adults (16 yrs. or older)
  - ii) Vehicle information
- e) All adults renting or leasing at The Enclave at Oak Hill must agree to and pass a background check for the safety and security of residents. See Background Check Policy for complete information and procedures.
- 2. Incomplete Use Forms will not be considered or approved.
- 3. Check-in Process
- a) Property Management will contact the Adult #1 and arrange a convenient time to check-in between 9:00AM and 5:00PM unless prior arrangements have been made with Property Management.
  - b) Required documents will be checked and recorded (ID's for all adults)
- c) Property Management will welcome your guest, review guest information, review Rules and Regulations and provide parking permit(s).
- 4. Renters and guests are not allowed pets of any kind per The Enclave at Oak Hill Rules and Regulations.

### **INFORMATION NEEDED FOR BACKGROUND CHECK**

Full name				
Date of birth:			<del></del>	
Social Security Number:				
Driver's License No			State:	
Make of vehicle:	Model:	<u></u>	_ Year:	Color:
License plate number:		State:		
Home address:			·· <del>·</del>	
City/State:	·	····	<del></del>	
Cell Phone Number:				
Email:		. <u></u>	<del></del>	
Employer:				

## **Rental Use Form**

Use Type :	Short-term R			Long	ong-term Rental (> 180 days)			
Check In:				:AM		Date Out:		
(All info	rmation is required	– incomplet	e forms wil	ll not be	proces	sed or appro	ved)	
Primary Contact A	dult 1	ALL AUDITOR OF THE PARTY OF THE						
First Name:			Last Nar	ne:				
Street:			City:			State:	Zip:	
Cell #:		Email:	· · · · · · · · · · · · · · · ·					
Employer:			City:			State:	Zip:	
Office Use Only:	ID Copied: Y N	Rental C	ontract Pr	ovided:	YN	Renter Bac	kground: Y N	
Adult 2 First N	ame:		Last Na	ne:			······································	
Street:			City:			State:	Zip:	
Cell #:		Email:					<del></del>	
Employer:			City:		<del>-</del>	State:	Zip:	
Office Use Only:	ID Copied: Y N	Rental C	ontract Pr	ovided:	YN	Renter Bac	kground: Y N	
Adult 3 First N	ame:		Last Naı	me:				
Street:			City:			State:	Zip:	
Cell #:		Email:	<u> </u>					
Employer:			City:			State:	Zip:	
Office Use Only:	ID Copied: Y N	Rental C	ontract Pr	ovided:	ΥN	Renter Bac	kground: Y N	
Adult 4 First N	ame:		Last Nai	me:				
Street;	man vivi		City:			State:	Zip.	
Cell #:		Email:						
Employer:			City:			State:	Zip:	
Office Use Only:	ID Copied: Y N	Rental C	ontract Pr	ovided:	YN	Renter Bac	kground: Y N	
Children: (All must	be listed)							
1. Name:			Gender:	Male F	emale	Age:		
2. Name:			Gender:	Male F	emale	Age:		
3. Name:			Gender:	Male F	emale	Age:		
4. Name:			Gender:	Male r	emale	Age:		
Unit Owner Name:	· · · · · · · · · · · · · · · · · · ·					Unit #:	A CAMAN A WING CO.	
Unit Owner Email	•					Cell # (	) -	
Owner Signature:						Date:	/	

# **Rental Check In Procedure**

Primary Gue	st Name:	Unit#						
Arranged Ch AM PM	eck-in Date: / / Time: :	Place:						
Process								
Completed	Item							
1	Verify number of adults and children checking in: # Adults: # Children:							
	Verify and copy all adult's ID cards (4 maximum)							
	ermit(s) Permits Qty =							
	Review Enclave Rules & Regulations and answer any related questions.  Review parking lot speeds.							
}	Review pool/clubhouse age, no tobacco and glass re-	strictions.						
	Review occupancy levels allowed.							
	Review noise levels and quiet times.							
Regulations • The Property requirement rules and oc	fully understand and agree to follow all The Enclave as y Manager emphasized the parking lot speed limit, not s in pool / hot tub / Clubhouse, glass restrictions in pocupancy levels allowed.  If fines and potential removal are possible for noncomp	se restrictions, age ol area, no tobacco/smoking						
Regulations								
All Adult S	ignatures:							
Adult 1:		Date						
Adult 2:		Date						
Adult 3:		Date						
Adult 4:		Date						

Unit # = \_\_\_\_\_

## **Vehicle Registration Form**

#### **Required Information**

- Each unit may register up to 4 vehicles; owner to provide Guest Parking Permits
- If you are a resident long-term renter, please provide a copy of your rental contract listing each resident

Vehicle #1	Owner Nai	me:		Phone	<u> </u>
Permit #					
Type:		Make:	Model:	Year:	Color:
State Registe	red In:	License #:			
Vehicle #2	Owner Nar	me:		Phone	**
Permit #					
Type:		Make:	Model:	Year:	Color:
State Registe	red In:	License #:			
				·	
Vehicle #3	Owner Nar	me:		Phone	
Permit #					
Type:		Make:	Model:	Year:	Color:
State Register	red In:	License #:		·	
		***			
Vehicle #4	Owner Nat	me:		Phone	
Permit #		7			
Type:		Make:	Model:	Year:	Color:
State Register	red In:	License #:			
				· · · · · · · · · · · · · · · · · · ·	
Vehicle Re	places Vehic	le #/			
Permit #		7			
Type:		Make:	Model:	Year:	Color:
State Register	red In:	License #:	Insurance Card At	tached: Yes	No
Vehicle Re	places Vehic	le# Date: /	1		
Permit #	<u>r</u>				
Type:		Make:	Model:	Year:	Color:
State Register	red In:	License #:	Insurance Card At		No