

LAKE OF THE WOODS ASSOC., INC.
102 LAKEVIEW PARKWAY
LOCUST GROVE, VA 22508-9501
540-972-2237

SECTION# _____ LOT# _____

APPLICATION FOR RENTAL OF RESIDENCE IN LAKE OF THE WOODS

Tenant fees are a recurring annual charge at the rate then established by the LOWA Board of Directors. All tenants, other than those classified as short term tenants will pay tenant fees from the date of occupancy through the next April 30th and annually thereafter. If tenancy encompasses part of a month, tenant fees will be charged for the entire month. The property owner shall be responsible to collect all applicable tenant fees, in advance and turn them over to LOWA, in addition to the annual per lot assessment. The property owner is ultimately responsible for the payment of all assessments and applicable fees to LOWA (Regulation, Sec. III - C, E, F, & H)

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Date: \_\_\_\_\_ Section/Lot# \_\_\_\_\_ LOW Street Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Other lots owned: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

Property Owner's Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_

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(1) _____ Telephone # _____
Tenant Name

(1) _____ Phone# _____
Employer (include address)

(2) _____ Telephone # _____ Tenant Name

(2) _____ Phone# _____
Employer (include address)

List all Occupants: (1) _____ (5) _____
Name, Age, and Relationship: (2) _____ (6) _____
(3) _____ (7) _____
(4) _____ (8) _____

Pls. indicate "H" for Husband, "W" for Wife, "S" for Single, "B" for male child + age, "G" for female child + age

AGREEMENT

I (we) the property owner(s) of the above property hereby authorize the use of said property by:

(Names of persons signing lease for renting property)

(Present address & Telephone # of persons signing lease)

For period beginning _____ and terminating _____
(Month, Day, Year) (Month, Day, Year)

I (we) agree that if any information supplied in this application is false or misleading, the Association shall have the right to cause the tenant(s) herein named to vacate the premises. I (we) further agree to comply with the Regulations of Lake of the Woods Association as are now in effect or as may be promulgated. I (we) understand that it is my (our) responsibility to notify the LOWA Administration Office when said tenant(s) vacate said property and to notify LOWA General Manager and LOWA Security if an eviction takes place. **Unused tenant fees will be returned subsequent to the termination of occupancy and based upon a completed "Tenant Check-Out Form" turned into the LOWA Administration office along with the return of all tenant card(s) and vehicle decal(s).**

*** I (we) UNDERSTAND THAT ALL UNUSED TENANT FEES WILL BE REFUNDED TO THE TENANT UNLESS OTHERWISE SPECIFIED BELOW.

(Signature of Owner)

(Signature of Owner)

I (we) the tenants of the above property agree that all LOWA Regulations and the LOWA Restrictive Covenants are applicable to my (our) occupancy in Lake of the Woods and I (we) do hereby avow that I (we) will strictly observe these provisions. I (we) further agree to vacate Lake of the Woods within thirty (30) days after notice from Lake of the Woods Association, Inc. through the property owner, to do so, following notices of violations of the aforesaid. I (we) understand that Paragraph V (A) of LOWA Regulations specifically restricts the use of a dwelling to **SINGLE FAMILY OCCUPANCY.**

*** I (we) the tenants agree to the Association's refunding of all unused tenant fees to:

(Name of person to receive refund)
Property Owner:___ Property Mgmt Agent:___ Tenant: ___

(1) _____
(Signature of Tenant)

(2) _____
(Signature of Tenant)

FOR OFFICE USE ONLY:

Tenant Fees: Amount \$ _____ for the period _____ to _____

Date Paid _____ Paid by whom _____ Check # _____

Assessment paid _____ Data Entry _____ Packet _____ Cards _____