

Leasing - Information Form

Unit # _____ Date: _____

Owner Contact Information:

(This form and the **Waiver Form** and the **Occupant Information Form** must be signed and returned prior to keyless access distribution.)

Name: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Phone(Day): _____ Phone(Night): _____

Leasing Head of Household:

(**Waiver Form** and **Occupant Information Form** must be signed and returned prior to keyless access distribution.)

Name: _____

Phone(Day): _____ Phone(Night): _____

Email Address: _____

Date Lease Began: _____ Date Lease Ends: _____

At end of lease: Lease must be renewed
 Goes month to month

Renew Automatically for the same term
 Other _____

Property Management Company:

Name of Company: _____

Contact Name: _____

Address: _____

Email Address: _____

Agent Phone(Day): _____ Phone(Night): _____

Consent Form:

I hereby give consent that Hidden Valley Heights Owners Association (HVH) may release one keyless access card for the keyless entry to the gym and pool deck of Hidden Valley Heights. I acknowledge my obligation to notify HVH whenever tenant changes are made. By signing, I release my personal rights to the use of HVH facilities for the period of such time as I have the above unit rented/leased. (Card fee will be billed to the property owner.)

Owner Signature

Date