

# Intent to Rent

## Property Information

Address of Rental: \_\_\_\_\_

Lot & Subdivision: \_\_\_\_\_

Beginning on January 1, 2026, no dwelling or part of a dwelling, unless the same is owned by the Association, shall be rented for any period less than **Six (6) months** nor be rented for transient purposes, including, but not limited to rental through services such as Airbnb<sup>®</sup>, Vrbo<sup>®</sup> or other similar services.

\*Lessee or tenant under a written lease of over six months duration may obtain Associate Membership privileges according to the terms established by the Board. Only (1) one family may obtain associate membership privileges per dwelling.

## General Guidelines

(See Restrictive Covenants, Bylaws and Rules & Regulations for more details.)

Because Apple Valley is a single-family residential community, the Association will recognize only one lease to a single family.

*Family unit shall be defined as an individual or married couple and any dependent children of each who currently qualify as IRS income tax exemptions or are legal wards.*

**A copy of all rental/lease agreements must be submitted to the Association prior to occupancy of the tenants each time there is a change of tenants. This may be done by any of the following:**

- 1. Mail** - 113 Hasbrouck Circle Howard, OH 43028
- 2. In person** at the Administration Office during regular business hours.
- 3. The Afterhours Drop Box** at the Administration Office.
- 4. Submit Signed Document To:** [compliance@applevalleypoa.com](mailto:compliance@applevalleypoa.com)

## Owner's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip : \_\_\_\_\_

Phone : \_\_\_\_\_ Email: \_\_\_\_\_

## Property Management Information

Same as Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact other than Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Acknowledgment

By signing below, I hereby affirm that I have provided accurate information and have read and understand the information above.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

## Internal Use Only (Completed by AVPOA Staff)

Received By:

Date Amount Paid: \$

## Fee and Deposit

The Board may establish a fee at the time of filing of each rental/lease agreement.

A deposit amount of \$ 0.00 that was determined by the Board will be required at the time of filing, and will be held in escrow by the Association, to be used if the Association needs to act for non-compliance with the Association's Covenants, Bylaws and Rules. The deposit balance must be maintained and will be held until the owner gives notice to the Association that the dwelling is no longer being used as a rental.