



Application for Temporary Residency

Pennbrooke Homeowners Association, Inc.
501 State Road 44
Leesburg, FL 34748
352-360-1001

FAX: 352-360-1165 or EMAIL: hpennbrooke@yahoo.com

Welcome to Pennbrooke Fairways! As a potential resident, be advised there are various deed restrictions that may impact you and your family as a tenant in Pennbrooke.

1. Pennbrooke Fairways is a planned adult "Fifty-Five Plus" community. To maintain this status eighty percent (80%) of all homes in the community must be occupied by at least one resident fifty-five (55) years of age or older.
2. All permanent residents must be eighteen (18) years of age or older.
3. No home may be rented for any period that is less than three (3) months, and no owner may rent a home more than three (3) times in any calendar year (regardless of whether a lease has been terminated prior to the end of its term). Short term rentals of a property either directly by the owner or by the owner through an online marketplace and hospitality service website (e.g. Airbnb) is strictly prohibited.

Please be advised of the following:

As a Non-Owner Resident(s) in Pennbrooke:

- All OCCUPANTS of the residence must meet the above referenced age requirements.
- Any lease/rental agreement must be in writing and in accordance with the provisions of all PHOA's Articles of Corporation, By-Laws, Covenants and Restrictions, and Rules for Community Living.
- All TENANTS agree in writing to abide by all PHOA's Articles of Corporation, By-Laws, Covenants and Restrictions, and Rules for Community Living.
- Prior to occupancy, this *Application for Temporary Residency* must be approved and on file at the PHOA Community Manager's Office, as well as a signed copy of the lease agreement.

NOTE: Agent information may be substituted for owner information if agent agreement is on file at the PHOA Community Manager's Office.

Pennbrooke Address: _____ LOT# _____

Owner's Name: _____ PH#: _____

Owner's Mailing: Address: _____

City: _____ State _____ ZIP _____

Owner's Signature _____

(TENANT INFORMATION ON REVERSE SIDE)

TENANT INFORMATION (Copy of lease must be attached)

Date of OCCUPANCY: _____ Term of Lease _____

Tenant Name _____

Current Address _____

City: _____ State _____ Zip _____

Local Phone# _____ Cell Phone# _____

You must list all occupants that will be residing in the home (Full-time or Seasonal basis).

| Print Full Legal Name of Each Occupant | Date of Birth |
|-----------------------------------------------|----------------------|
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Please provide evidence of identity and birth date such as Driver's License, Birth Certificate, Passport or other state issued legal documents. **Photocopies are required and will be maintained on file.**

I agree to abide by all the PHOA's Articles of Corporation, By-Laws, Covenants and Restrictions, and Rules for Community Living.

Applicant's Signature: _____ Date: _____

Print Name: _____

Applicant's Signature: _____ Date: _____

Print Name: _____

Office Use

Lease Attached

Application NOT Approved – Reason: _____

Application Approved

BOD's Signature: _____