

APPLICATION FOR CHANGE OF OCCUPANCY

Please read the IRA Subleasing Policy before completing this application.

NAME OF IRA MEMBER _____

ADDRESS _____

THIS APPLICATION IS FOR APPROVAL OF THE FOLLOWING TYPE OF OCCUPANCY:

_____ ADDITIONAL OCCUPANT: People who are housemates, companions, caregivers, or other occupants who are not house sitters, members, or the legal dependents of members, and who will be living in the home with the member.

Will the addition of this person to your household raise the number of persons in the house to more than 2 persons per bedroom? YES ___ NO ___

_____ HOUSE SITTER: People who occupy your home in your absence for 90 days or less. Before the end of the 90-day period, a house sitter who will be staying longer must be approved to become a sublessee. It is the member’s responsibility to apply for such approval. House sitters who will be leaving within 90 days do not need board approval, but must complete an information sheet.

_____ SUBLESSEE: People who occupy your home for one to three years, based on the board’s approval. You must have lived in your home for at least a year before you are eligible to sublease it (unless a waiver is granted through a petition, which is discussed in the subleasing policy).

Have you lived in your home for at least one year before filing this application? YES ___ NO ___

Is your house presently subleased and you are requesting an extension? YES ___ NO ___

Please write anything else you think the board should know about your application. Write on the back or use another sheet of paper if necessary.

I understand that this occupant will be subject to credit and criminal background checks, and must supply required information for such checks if asked. I understand that the occupant must comply with all the terms of my proprietary lease and IRA’s Bylaws and Rules, and that any breach by the occupant will constitute a default of the lease on my part. I also agree that I remain responsible for payment of my monthly IRA “rent,” as well as my own property taxes and homeowner’s insurance.

Signature of IRA Member

Date

I understand that I and other adult members of my household will be subject to credit and criminal background checks, and will supply the required information for such checks if asked. I understand that I must comply with all the terms of the member’s proprietary lease and IRA’s Bylaws and Rules, and that any breach on my part shall be grounds for termination of approval for my occupancy of any home in the Islander Mobile Home Park.

Signature of Occupant

Date

Approved by Board of Directors, _____
President Date