RENTAL REQUEST FORM

OWNER(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON(S) FOR RENTAL REQUEST (CHECK ALL THE APPLY):

[ ]  Change in employment, such as transfer, reduction, termination or similar reasons

[ ]  Change in marital status, such as separation, dissolution or similar domestic occurrences

[ ]  Health reasons

[ ]  Other. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please attach an explanation letter describing the hardship created by the reason above. You also must provide verifiable documentation to support your request.***

EXPECTED RENT AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please note ARCH has rental limits based on the ARCH rental guidelines)**

I/we do hereby swear under penalty of perjury that the above statements are true and correct, and any misrepresentation or misstatement in this request may constitute a violation to the Covenant Restricting Resale and Option to Purchase and Assignment of Rents.

I/we acknowledge that the [City or County’s] primary purpose is to provide the opportunity to acquire a personal residence and not rental investment property; any lease in violation of this Covenant is void ab initio (Section 1.2).

I/we acknowledge that if a home is rented in violation of the Covenant, the [City of County] has the right to receive any rents collected (Section 8.3). In addition, the [City or County] may lower the maximum resale price to account for any period of time that the owner violated the Covenant.

I/we acknowledge that I/we will have to provide a copy of the lease agreement to ARCH (Section 1.2).

I/we have included a clear plan for how to get back into compliance if rental request is approved. This plan should be detailed and include specific action steps.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date