

GABLE OAKS PROPERTY OWNERS' ASSOCIATION, INC.

RENTAL APPLICATION FORM

1. Address of House in Gable Oaks: _____

2. Is the House Currently on the Rental's List for Gable Oaks? _____

3. Name of Owner(s): _____

4. Owner(s) Phone AND E-mail: _____

If this is an application, and we are over the 10% threshold, do you wish to claim a hardship exception? _____

(If yes, please provide a brief written explanation of the claim)

Name of Management Company (if applicable): _____

Management Company Contact Person, Phone, and e-mail:

Today's Date: _____

By: _____

Printed Name of Owner:

----- For GOPOA Use -----

Received by GOPOA date: _____

Wait-List Number _____

APPROVED _____ Date: _____

By: _____ for
Gable Oaks POA Inc