SUPPLEMENT TO LEASE AGREEMENT

Homeowner(s) Name: _____

Homeowner's Current Address: _____

Address of unit: _____

The House Rules for Aspen Heights Condominium Owners' Association states that all lease arrangements must be in writing and shall provide that failure to comply in all respects with the terms of the Declaration, Bylaws and House Rules shall be a default under the terms of the lease. The Board of Directors request that tenant information be submitted to the management office for emergency purposes. This supplement shall insure and provide such information.

This form should be completed and returned to the management office within five (5) days from execution of any lease agreement. This information is on file for emergency and file purposes only; this information is not available to the general public.

Tenant(s) Name: _____

Mailing Address: _____

_____

Home Telephone: _____

Work Telephone: _____ / _____

Date Leased From: _____ To: _____

Pet(s) (Include description): _____

I/We, tenants of above referenced unit address _____, have received and read a copy of the House Rules for Aspen Heights Condominium Association. I understand that the provisions of the Declaration, Bylaws and House Rules of this Association govern my actions as a resident, as well as my family, guests, and invitees.

Signed this _____ day of _____, 20_____

_____ _____

(Signature) (Signature)