



Country Aire Estates M.H.P.

Overnight Guest Rule Waiver

Instructions: The Board of Directors understands that there may be occasions where you may find yourself in need of regular assistance for everyday living. It is not our desire to restrict your options for assistance when this happens. There may also be occasion when you want to submit a request for extension of the 15 day rule for guests. Please fill out the form below, writing legibly and answering each question, and submit it to the office for Board review.

Date: _____

Your Name: _____

Address: _____ Lot #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other/Cell Phone: _____

E-mail address: _____

I am requesting a waiver of the fifteen (15) day guest rule for _____ days/weeks/months for the following reason: _____

PLEASE NOTE: IF THE REASON IS MEDICAL, THE BOARD MAY REQUEST/REQUIRE A DOCTOR'S NOTE STATING SUCH NEED FOR 24 HOUR ASSISTANCE AND THE LENGTH OF TIME SUCH ASSISTANCE WILL BE NEEDED.

ALSO, GUESTS STAYING FOR 6 MONTHS OR MORE ARE SUBJECT TO A BACKGROUND CHECK AND BOARD APPROVAL PRIOR TO STAYING IN YOUR HOME BEYOND THE TIME ALLOTTED PER OUR RULES AND REGULATIONS.

Guest Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other/Cell Phone: _____

E-mail address: _____

Guest: Please submit a copy of your Driver's License with this form.

☐ Approved

☐ Not Approved

Board Member Signature

Date

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Office Hours M – F, 9 am to 1 pm