

GUEST SUITE RENTAL AGREEMENT

RESIDENT NAME	LAST NAME, FIRST NAME		
SUITE NUMBER		HOME or CELL PHONE	
ARRIVAL DATE		DEPARTURE DATE	
CHECK IN TIME	3:00 PM	CHECK OUT TIME	11:00 AM
NUMBER of NIGHTS	Maximum of 14 nights without Board of Directors Approval		

I/We understand and agree to the following conditions:

In consideration of the licensee agreeing to pay **fifty dollars (\$50.00) per night, per guest suite**, for the use and occupation of the guest suite, YRCC616 hereby agrees to grant the undersigned a License to use the guest suite only for the purpose of accommodating guests and/or members of the family of the undersigned for the period indicated above.

The undersigned agrees and acknowledges that this license shall not create the relationship of Landlord and Tenant between YRCC616 and the undersigned, and that the occupant(s) of the guest suite shall be as a licensee only for the period aforesaid. The undersigned covenants and agrees that this license shall terminate at the expiration of the said period and the licensee undertakes to vacate the said suite on, or before, check-out time on the day of departure. **The undersigned agrees that the Guest Suite FOB(s) will be returned to the Superintendent, Management Office, or Management Office Mail Box by check-out time on the day of departure and further agrees that the cost (\$25) to replace a lost FOB will be deducted from the damage deposit or charged to the credit card on file.** The licensee further covenants to keep the said guest suite and the furnishings therein in good repair and shall be responsible for all damage to such guest suite furnishings not resulting from reasonable wear and tear. The licensee further agrees that their guests and/or members of their family occupying the said suite shall abide by the Rules and Regulations of YRCC616 as they may exist from time to time.

Date

Signature of Licensee (Resident)

YRCC616 IS NOT RESPONSIBLE FOR ARTICLES LEFT IN A GUEST SUITE

OFFICE USE ONLY

SUITE ASSIGNED	Guest Suite 1 <input type="checkbox"/>	Guest Suite 2 <input type="checkbox"/>
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Rental Payment Received for _____ Nights @ \$50 \$_____ Cheque Credit Card

Damage Deposit (\$100) Received (required if paying by cheque) Returned

Garage Remote Requested YES NO Garage Remote Deposit (\$50) Received

Date

YRCC 616 Signature