Peterson's Waterfront Owner's Association Rental Program Application - 2016

The undersigned hereby requests that Peterson's Waterfront Homeowners Association Rental Program (PWF) attempt to rent my unit at the resort. I understand this does not guarantee the rental of my unit. I understand that this is an exclusive appointment and that this request will be irrevocable until the Agent receives a written termination of this request. I agree that the PWF shall receive a management fee of 25% of gross revenue received for rental of my timeshare plus the cost of any cleanings that may be required. These amounts may be deducted by PWF from any rent received, and the balance shall be remitted to the undersigned.

Please print legibly				Date:
Primary Owner Fir	st & Last Name:			
Contact #				
Social Security #	For security purposes, if we do not already have your social security number on file and your units is rented staff will call you directly for your social security number prior to disbursing the rental proceed check. Owner Social Security Number is required for tax purposes, should your income exceed an IRS specified amount, we are required to report it as income. Non-US resident owners are subject to an additional 30% withholding per IRS regulations.			
Email Address:				
Primary Owner's N	Mailing Address:			
Cit			State	Zip
This Rental Agree	ment applies to th	ne following:		
Week		Unit #	Dates:	
Special Instructior		With another rental age nit in the rental pool:	ency or internet ad site	
not correct and cau condominium unit. Resort. The unders	ses a rental to be can In addition, the und igned acknowledges	nceled, I agree to pay the ersigned has read and ap	Agent the entire commis proves the Rental Policy a al Request is subject to tl	t any of the information provided above i sion for the cancelled rental of my and Information for Peterson's Waterfror he terms and conditions of the Rental
Signature:			Date:	
□ All co-owners o	of the unit agree to t	he signing of the rental co	ontract	
Accepted by Peterso	n's Waterfront Homeo	wner's Association:		
Ву:	· · · ·	signed Terms and Conditi	Date:	
Front Office: L Da	ite Received	🛛 Cleared 🗆 Bo	ard	