

Quail Creek Rental Policy
Quail Creek Property Owners Association
2055 E. Quail Crossing Blvd, Green Valley, AZ 85614
Phone 520-393-5822 Fax 520-393-5831

- A. **An administrative fee of \$25.00 per rental agreement must be paid to the QCPOA. Checks are to be made payable to the QCPOA. The fee must accompany the Quail Creek Rental policy form and be submitted to the Madera Clubhouse Member Services Desk prior to the start date.**
- B. Rental Agreements are for a **MINIMUM OF ONE (1) MONTH. NO MORE THAN (2) RENTERS MAY BE LIVING IN THE HOME ON A FULL-TIME BASIS.**
- C. **Renter(s) must be of an age that complies with Section 13.5.3 of the CC&R's.** Homes are intended to provide housing for persons 55 years of age and all occupied homes must be occupied by at least one person who is 40 years of age or older and no person under 19 years of age may reside at the Quail Creek Resort Community.
- D. **Property Owner's Dues** must be in good standing before Renter Member Cards can be issued.
- E. **Homeowner's Member Cards** – If the Property Owners own only one property in Quail Creek, their Member Accounts will be inactivated when the renter takes possession of the rental.
- F. **All Renters must obtain a Renter Member Card and have their photo taken** – Renter(s) must provide identification. Renter Member card(s) will be activated and issued upon completion of all necessary documentation.
- G. **Rental Agents and Homeowner(s)/Lessors(s)** must familiarize their Renter(s)/Lessee(s) with the requirements of the Community Documents, including CC&R's, Quail Creek Rules and ALC Requirements & Guidelines.
- H. **Renters without ID Cards** cannot use the recreation facilities.
- I. **Renters may obtain Gate Passes** (visitor's lane only) from Member Services when they check in.
- J. **Renters may purchase Electronic Gate Access tags** at a cost of \$35 each (Check only, No Cash). Gate tags are installed by QC Patrol at the Front Gate by appointment only.

PLEASE PRINT

Today's Date _____ Member # _____

Homeowner(s) Name _____

Unit _____ Lot _____ Address _____

Renter's Name _____ DOB: _____

Renter's Name _____ DOB: _____

Renter ID Home Address/City/State/Zip _____

Renter Phone Number(s) _____

Rental Dates: From _____ To _____

I acknowledge that I am renting the entire dwelling in compliance with CC&R Section 4.3.2.

Homeowner(s) Authorization Signature _____

For Emergency purposes, Homeowner(s) may be reached at:

Address _____ Phone _____

City _____ State _____ Zip _____