



*Completed form must be returned to The Town of Avon Community Development Department at least **30 days** prior to leaving.*

Name: _____
Address: _____
Email Address: _____
Day Phone: _____ **Evening/Cell Phone:** _____
Request Dates from: _____ **To:** _____
Physical Address: _____ **Mailing:** _____

Reason for Request:

Commitment to return to Avon, please explain:

The **Town of Avon** permits a Leave of Absence for owners for 3-12 months, depending on your applicable Deed Restriction. All requestees who are able to show a bona fide reason for leaving and a commitment to return, may be granted leave.

Local Emergency Contact Information:

Name(s): _____
Day Phone: _____
Evening/Cell Phone: _____
Local Address: _____

With an **approved** Leave of Absence owner may rent the unit to a qualified employee(s)* for the amount of owner's monthly housing expenses: monthly mortgage payment, association fees, utilities, taxes (if not part of mortgage payment), unless otherwise stated in your Deed Restriction. If an Owner requests the leave after the fact or requests a second leave of absence (and is not a qualified retiree), the second leave is not guaranteed.

Please list MONTHLY home expenses (provide copies of bills unless using amount stated in Guidelines):

Mortgage Payment(s):	\$ _____
Property taxes (if not included in mortgage payment):	\$ _____
Insurance (if not include in HOA dues or mortgage payment):	\$ _____
Monthly Association Fees (HOA Dues):	\$ _____
Monthly Average Utilities:	\$ _____
Additional Costs (describe):	\$ _____
TOTAL	\$ _____

If your Deed requires an income limitation (Average Median Income target income) for renters, please contact Community Development prior to your application.

I (We) hereby verify that all information provided is accurate and true:

Signature of Owner

Date

Signature of Owner

Date

*Employees must complete the Qualification Packet and be approved by The Town of Avon, or the Housing Program Administer or Assigns, prior to occupancy.



**AGREEMENT BETWEEN TENANT AND OWNER
(This is not a lease)**

I, _____ Owner of _____ (hereinafter Property),
agree to rent to _____ (Tenant) for an amount of \$ _____ per month.

As Tenant, I understand that I have leased a deed-restricted property and am bound by the Town of Avon Housing Program Guide, the underlying conditions of the applicable Deed Restriction, and the HOA Rules and Regulations governing the property. I understand that while I may apply, I do not have a right or priority to purchase said property if the property comes up for sale upon the end of the Owner's leave of absence. I also acknowledge that do not have the right to an appeal should a second leave of absence of the Owner be denied, and I as renter, must move out of the unit.

I (We) hereby verify that all information provided is accurate and true:

Signature of Owner

Date

Signature of Owner

Date