

REQUEST FOR PERMISSION TO LEASE HOME

Name of HOA: _____

Address of Home to be leased: _____

Reason for Request: _____

Owner's Information

Name of Homeowner: _____ Address _____

City/State/Zip _____

Home/Cell Phone _____ Work Phone: _____

Email: _____

Lessee/Occupant Information

Name of each Lessee in Lease Agreement: _____

Home/Cell Phone _____ Work Phone _____

Email _____

Names of all Occupants in the Leased Premises _____

Term of the lease? _____ Start Date: _____ End Date: _____

Has the Tenant been given a copy of the declaration & By-laws? _____

Please provide a copy of executed lease.

Date of Request: _____ Signature of Owner/Agent _____

=====

Approved by SMGmanagement

Date

Return completed form to:
Helen Johnson
SMGmanagement of Atlanta LLC
P. O. Box 76697
Atlanta, GA 30358
404-372-8856
Helen@smgmt.com