## Berthoud – Heritage Metro Districts Long -Term Rental Transfer Application

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BHMD OWNER (s) INFORMATION					
Name of BHMD (Deeded) Owner(s):					
Name of BHMD (Deeded) Owner(s):					
Mailing Address (if different):					
Phone Number:	Email Address:				
TENANT (s) INFORMATION: Tenant(s):					
Tenant(s):					
Phone Number:					
Phone Number:	Email Address:				
Dependents in Home are 24 years of age or young	ger, must share home as main residence; Atta	ach anothe	er paper for moi	re dependents.	
Dependent 1:	Dependent 1 Date of Birth: _	Dependent 1 Date of Birth:			
Dependent 2:	Dependent 2 Date of Birth: _	_ Dependent 2 Date of Birth:			
Dependent 3:	Dependent 3 Date of Birth:	Dependent 3 Date of Birth:			
Dependent 4:	Dependent 4 Date of Birth:				
I (owner or owners) agree to supply all C Rules relating to BHMD, and the accessible amen acknowledge they have read the rules prior to mo damage or violations of the Covenants, Guideline owners) agree to provide all tenant(s) acknowled this transfer, <u>I will no longer have access to the Bi</u> transfer. New tenants must fill out Pool Membersh It is against the Law to Discriminate again or family status. All applicable State of Colorado a This Long-term acknowledgement by BH Metropolitan Districts <u>must be renewed annually</u> determines I (owner or owners) or my tenants are Application Fee is required for all transfers, renew BHMD and is due at the time of the application su <b>THE UNDERSIGNED BHMDS OWN</b>	ities and all community regulations to oving into my owned property. I (owne es, Rules and Regulations and common gement if requested by the Metropolit <u>HMDS Swimming Pool or the BHMDS F</u> hip Packet and waivers along with Fitness nst prospective tenants based on race, and Town laws must be followed. IMD owners' intent for use of their hor <u>y</u> by filling out this same form and is su re not complying with Covenants, Guide ving annually, including transfer back to	all applic r or own area of t an Distri itness Ce Center N religion, ne withir bject to r elines, Ru o the own	cants and have ers) am respo the subdivisio ct. I understan enter for the c Aembership Pa national origi in the Berthour revocation if t ules, and Regu ner. Made che	e them onsible for any n. I (owner or nd that by signing duration of this acket and waivers. in, age, disability, d-Heritage he District Ilations. A \$100.00 eck payable to	
3HMDS Owner Name 1 (print):	BHMDS Owner Name	BHMDS Owner Name 2 (print):			
VI /		BHMDS Owner Signature 2:			
	BHMDS Owner Signa	ture 2:			