

GRAVES AVENUE CONDOMINIUM ASSOCIATION

ASSENT FOR TRUSTEES FOR UNIT RENTAL  
c/o Hampshire Property Management  
PO Box 686  
Northampton, MA 01061

The undersigned, being a majority of the Trustees of Graves Avenue Condominium Association, created by a Declaration of Trust and Master Deed, recorded at the Hampshire County Registry of Deeds in Book 6949, Page, 0249,(as may be amended) pursuant to the Rules and Regulations promulgated by the Trustees, hereby approves the following person(s):

\_\_\_\_\_

To occupy Unit # \_\_\_\_\_ owned by \_\_\_\_\_

This consent is conditioned upon the aforesaid tenants faithfully observing all of the restrictions, conditions, and terms of the Rules & Regulations of the Graves Avenue Condominium Association and the Condominium documents as therein defined, in default of which this consent may be revoked by the undersigned Trustees.

GRAVES AVENUE CONDOMINIUM

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Trustee

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Trustee

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Trustee

\_\_\_\_\_ Date: \_\_\_\_\_

GRAVES AVENUE CONDOMINIUM ASSOCIATION

Application to Lease

To be filled out by each applicant for all units. To be submitted to Trustees

I/we \_\_\_\_\_ apply to lease

Unit # \_\_\_\_\_ in the Graves Avenue Condominiums, Northampton, MA 01060 owned by

For the term of \_\_\_\_\_ commencing on \_\_\_\_\_.

1. The unit will be occupied only by myself and the following additional applicants:

Children - Please list names and ages:

\_\_\_\_\_  
\_\_\_\_\_

2. Present Residence

Address: \_\_\_\_\_

From \_\_\_\_\_ To: \_\_\_\_\_ Rent: \_\_\_\_\_ Own: \_\_\_\_\_

Present landlord/rental agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ cell: \_\_\_\_\_

3. Occupation: \_\_\_\_\_ Salary: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Pets: # \_\_\_\_\_ Kind \_\_\_\_\_

4. Vehicle Information LIMIT TWO (2) per unit:

Plate#: \_\_\_\_\_ year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Plate#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Hampshire Property Management Group  
PO Box 686 ~ Northampton, MA 01061  
PH: 413-582-9970 ~ FX: 413-582-9973  
www.hpmgnoho.com

**ACKNOWLEDGEMENT OF RECEIPT OF  
GRAVES AVENUE CONDOMINIUM RULES AND REGULATIONS**

Please sign and return to:

Hampshire Property Management Group

150 Main Street, 3<sup>rd</sup> floor

PO Box 686

Northampton, MA 01061

I/We, the undersigned owners/tenants in Unit \_\_\_\_\_, have read and understand the attached Graves Avenue Condominium Rules and Regulations, and agree to abide by the same during the term of our occupancy.

I/We have kept a copy of the Rules and Regulations for our reference.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date