

RIVERWIND HOMEOWNERS ASSOCIATION
APPLICATION FOR TEMPORARY OR
PERMANENT UNDERAGE RESIDENCY

In the Spirit of Riverwind (Covenant 29), immediate family members or other underage persons are welcome for a period not to exceed thirty (30) days, after which time they may use this form to seek approval for temporary or permanent residency from the Board of Directors.

Homeowner(s): _____ Date ____/____/____

Address: _____

Phone #: _____

Email: _____

PERSON REQUESTING RESIDENCY:

Name: _____ DOB: _____

Address: _____

Phone #: _____

Email: _____

DURATION: Permanent _____ Temporary (30 days) _____ Renewal (30 days) _____

REASON:

1. _____ Qualified caregiver or personal assistant to a resident, due to serious medical condition or bereavement.
2. _____ Immediate family member with a documented cognitive or physical disability or medical condition necessitating care by a resident.
3. _____ Any immediate family member or other visitor under age fifty-five (55) in need of temporary residency for a potentially renewable thirty (30) day period.
4. _____ All other circumstances that the Board deems good cause to support an exception to the fifty-five (55) or older requirement.

ADDITIONAL COMMENTS / EXPLANATION: (use back side or another sheet if needed)

PLEASE RETURN TO: any Board Member, or place in the Green Drop Box in front of the small clubhouse, or
MAIL TO: Riverwind Board of Directors ~ 30 Riverwind Dr. ~ Hendersonville, NC 28739

Approved (Y/N) _____ Date ____/____/____ Renewal Approved (Y/N) _____ Date ____/____/____