



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 ____/____/____