



Townhouse Villages at River Woods  
Homeowners Association

**Checklist of items for the office**

**Leases or roommates**

	Background check submitted to office for approval
	Copy of Lease proposed
	Lisc. From City of Burnsville for a rental home
*	The following items turned in with the signed lease once the HOA approves
*	City Pet lisc. For all pets
*	Occupant Information Form
*	All assessments must be paid in full monthly

## Lease/Rental/Roommate Form

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

Unit: \_\_\_\_\_

Owners Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Occupant Name: \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

Vehicle Make/Model/Lisc. plate: \_\_\_\_\_

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

Occupant Name: \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone# \_\_\_\_\_

Vehicle Make/Model/Lisc. plate: \_\_\_\_\_

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

I. Child Occupant Name: \_\_\_\_\_

Vehicle Make/Model/Lisc. plate: \_\_\_\_\_

Age: \_\_\_\_\_

II. Child Occupant Name: \_\_\_\_\_

Make/Model/Lisc. plate: \_\_\_\_\_

Age: \_\_\_\_\_

III. Child Occupant Name: \_\_\_\_\_

Age: \_\_\_\_\_

IV. Child Occupant Name: \_\_\_\_\_

Age: \_\_\_\_\_