

OPAL Community Land Trust

P.O. Box 1133, Eastsound, WA 98245 360-376-3958

Renting Your OPAL Home Tracking Sheet

Homeowner: _____ Renter: _____ Date: _____

Your lease requires that you occupy your OPAL house for at least 9 months out of the year. Absences for more than 3 months per year must be approved by the OPAL board, In addition, occupancy for more than 3 months by anyone other than the Leaseholder and his/her immediate family is considered a sublease. The following check list is for use with absences for more than 3 months and any sublease.

The following is required for absences for more than 3 months:

_____ Written request to be away from your home for more than 3 months

_____ Board approval of written request. Date: _____

The following is required for subleases (not house sitting for less than 3 months).

_____ Rent charged: \$ _____

(cannot exceed mortgage payment - including taxes & Insurance - + lease fee.
In addition, the renter may pay utilities directly.)

_____ Income verification of potential renter

(Maximum income = 80% AMI adjusted for household size)

_____ Renter has read CC&Rs of the neighborhood and relevant portions of the OPAL lease

_____ Renter has been introduced to the neighborhood. Date: _____

(circle one: neighborhood mtg., cluster mtg., social)

_____ Copy of rental agreement/lease to OPAL

_____ Contact information from the OPAL leaseholder as well as for the renter