

UNIVERSITY MANOR CONDOMINIUM OWNERS ASSOCIATION

1100 University Manor Drive, B-25, Fairfield, Iowa 52556

Phone: (641) 472-1539

Application to Own or Rent a University Manor Condominium

Instructions: One Application must be filled out completely for each household member, mailed or delivered to the above address, and approved by the UMCOA Board of Directors prior to the signing of a lease or purchase agreement, and prior to moving in. It can take seven days or more for approval. All information will be kept confidential. Applicants will be notified of their acceptance status.

Applicant _____ UMCA Unit # _____ Potential Owner _____ Renter _____

Birth Date _____ Social Security # _____ Driver's License # and state _____

Transcendental Meditation[®] Program Status: (check one) Governor () Sidha () Meditator ()

Campus Program (check one): MUM Faculty/Staff () MSAE Faculty/Staff () MUM Student () CCP () TSR ()

Other () Please specify _____

Do you practice any other techniques for personal development? Yes () No () Please specify _____

Do you smoke? (circle) Yes/No • Do you have pets? Yes/No • Do you plan to operate a home-based business? Yes/No

Other resident members of household: Total # of occupants _____ Names, ages, and relationships _____

Present address _____ Telephone # _____ E-mail _____

Work Phone _____ Cell Phone _____

Length of residency _____ Landlord _____ Telephone # _____

Employer _____ Address _____ Telephone # _____

Position _____ How long? _____ Supervisor's name _____

Make, year and color of auto(s) _____ License # & state _____

Contact in case of emergency (name and phone) _____

Potential owners and renters: I have read and understood the University Manor Condominium Owner's Association Declaration and Bylaws and agree to abide by all of the rules, regulations, policies, and bylaws of the Association. (Copies are available for \$8 from the Condominium Manager at the above address.)

I understand and agree that for the duration that I am an owner (or if renting, a renter occupant), that I will be a participant in one of Maharishi University of Management's programs; and upon my termination of status in one of the Maharishi University of Management's programs, whether voluntary or involuntary, and/or if I violate article 8 of the Association Bylaws entitled "Conditions of and Restrictions on Ownership, Use, and Enjoyment," I understand that my rental agreement shall immediately terminate, if requested by Maharishi University of Management or the Association. Under such circumstances, the owner shall be immediately entitled to recover possession of the unit.

I also understand that each condominium owner is responsible to pay the monthly homeowner fee to the Association on the first day of each month, as well as pay any special assessment fee approved by 50% or more of the Association members.

I further understand that this application must be approved and acceptance provided by the Association's Manager before any sale or lease agreement is signed, and before I move in. I represent that the above statements are true and complete, and I authorize verification of all information and references provided.

Applicant signature _____ Date _____

For Office Use: Application: Approved () Disapproved () Comments _____

_____ Date _____ Manager _____