

LINCOLN SPENCER APARTMENTS, INC.

UNACCOMPANIED GUEST POLICY & FORM

Occupancy of apartments is governed by the terms of the Proprietary Lease between Lincoln Spencer Apartments, Inc., and its shareholders. No persons other than those authorized by the Lease are allowed to occupy an apartment unless they have received Board approval, such as in the case of an approved sublet. Persons without such proper authorization will not be allowed unaccompanied access to any unit.

Occasionally, shareholders wish to allow unaccompanied guests to use their apartment in the shareholder's absence. Such unaccompanied access to apartments by guests is allowed, so long as the following conditions have been met.

- 1) This Unaccompanied Guest Form must be completed and signed by the shareholder and each guest and submitted to the Front Desk.
- 2) Shareholders must make their own arrangements with their guests to obtain a key to the apartment. Shareholders may leave their key at the front desk, but only if this form has been completed and submitted to the Front Desk staff.
- 3) **Under no circumstances will the "Lock Box" key maintained by management for use in emergencies be distributed to any guest. No exceptions!**
- 4) Unaccompanied guest authorizations are limited to a two (2) week period. No more than three such requests will be authorized in any 12 month period. Failure to abide by these guidelines will result in the guest being considered an illegal sublet and an illegal sublet fee will apply.

TRANSIENT RENTAL OF APARTMENTS IS STRICTLY FORBIDDEN AND ILLEGAL. ANY SUCH RENTAL CONSTITUTES A VIOLATION OF THE PROPRIETARY LEASE AND IS GROUNDS FOR EVICTION UNDER THE TERMS OF THE LEASE.

ACKNOWLEDGMENT BY SHAREHOLDER

Apt: _____ Name of Shareholder _____ Phone: _____

I hereby request the person(s) listed below be allowed unaccompanied access to my apartment during my absence on the dates indicated. I have read this policy and agree to abide by its terms. I understand that renting the apartment on a transient basis is a violation of law and of the Proprietary Lease and will constitute a breach of that lease.

Signature of Shareholder: _____ Date _____

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Start Date: _____ End Date: _____ (2 WEEK MAXIMUM)

Name of Unaccompanied Guest _____

Address _____ City/State/Zip _____

Phone _____ Relationship to Shareholder _____

Name of Unaccompanied Guest _____

Address _____ City/State/Zip _____

Phone _____ Relationship to Shareholder _____

Additional
details _____

ACKNOWLEDGMENT BY UNACCOMPANIED GUEST

I have read the Unaccompanied Guest Policy and agree to be bound by its terms. I understand that I must abide by all rules and regulations of the Co-op while I am in the building. I further acknowledge that transient rental of the apartment is illegal and a violation of the Proprietary Lease which governs use of this apartment. I hereby affirm that I am not paying any fee to stay in the apartment.

Signature of Guest: _____ Date _____

Signature of Guest: _____ Date _____

**ACCESS WILL ONLY BE ALLOWED AFTER THIS FORM HAS BEEN COMPLETED
AND SIGNED BY BOTH PARTIES.**