



281 Woods Edge Place
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USA

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Pocono Rental Agreement

Lease agreement made between **Alice and Tom Eldred**, Lessor on _____ (date)
and _____ Lessee.

For the rental of **Nathan House** 26 NATHAN WAY (and Lindbergh Circle),
Albrightsville, PA 18210

The renting party includes _____ people* .Bed Sizes are: 3Q/ 1F, Q Sofa Bed.
House Phone (570) 722-8774 (long-distance block) **Sheets and towels NOT provided by Lessor.**

Check in: _____ 4:00 p.m. Check out: _____ 11:00 a.m.

Security Deposit	\$ _____ .00
Due: _____	
Rental Amount	\$ _____ .00
Cleaning Fee	\$ _____ 50.00
1st Installment	_____ Due: _____
2nd Installment	_____ Due: _____
Total Due:	\$ _____ .00

Balances not paid by due dates may result in cancellation. In the event of cancellation with short notice, and where the Lessor is not able to rent the property, all monies paid shall be forfeited. The full security deposit will be refunded upon an inspection of the premises which shows the house to be clean and damage-free as initially found. Exceeding the agreed upon number of people may also result in the loss of your security deposit. Pets are not allowed unless prior arrangement made.

I understand this document, have read both sides entirely, and agree to the terms.

- **Please sign and return original. Keep copy for your records.**

Lessee _____

Lessor _____
Alice E. Eldred

Lessee _____

Lessor _____
Thomas J. Eldred

LEASE IS SUBJECT TO THE FOLLOWING ADDITIONAL TERMS

AND CONDITIONS:

1. Tenant affirms that he/she is an adult and minors will not occupy the property unless an adult is present.
2. No fixtures or appliances shall be installed without written consent of the owner.
3. The owner or owner's agents shall have access to the premises during daylight hours to make necessary repairs, show for rent or check condition of property. In any case, the tenant shall be notified in advance.
4. If you have a mechanical failure, or if something in your rental unit is not working you must call owner.
5. Appliances and amenities are not guaranteed and refunds will not be given due to breakdown. The owner will make repairs as soon as possible.
6. If said leased premises is destroyed by fire or acts of God so as to be unfit for occupancy, either prior to or during the term of the lease, the Owner shall return an equitable prorated share of any rents that may have been paid in advance. The lease shall not terminate as a result of cosmetic or inoperable non-essential appliances.
7. The Tenant shall not sublet the premises without written consent of the owner.
8. This lease must be signed and returned with the first installment of the rental fee. The deposit will have already been received and is separate from the rental fee.
9. Use of Boats/canoes/Jacuzzi/Hot tubs will be at your own risk. Owner assumes no liability for anyone as indicated by this agreement and your signature. The person signing this document is responsible for everyone in the group.
10. For safety reasons, do not sit on or lean on the deck railings. Supervise children at all times while on the decks. Occupants and their guests assume all liability when occupying the decks.
11. Outside fires are not permitted.
12. No shooting guns, bows and arrows, slingshots or any other equipment capable of propelling a projectile.
13. No fireworks.

Tenant Information

Name/Names: _____

Address _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Driver's License # _____ State _____

Expiration Date _____

**TOWAMENSING TRAILS PROPERTY
OWNERS ASSOCIATION RENTAL
REGISTRATION FORM**

NAME OF PROPERTY OWNER (PLEASE PRINT):

PROPERTY LOCATION THAT YOU ARE STAYING AT:

ACCT / LOT # _____ 911 # _____ STREET:

DURATION OF STAY: FROM: _____ To: _____

YOUR NAME (PLEASE PRINT):

YOUR MAILING ADDRESS:

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____

(WORK): _____ (ALT): _____

ALL LICENSES PLATES STAYING AT THE ABOVE MENTIONED PROPERTY:

STATE: _____ PLATE # _____ STATE: _____ PLATE # _____

STATE: _____ PLATE # _____ STATE: _____ PLATE # _____

STATE: _____ PLATE # _____ STATE: _____ PLATE # _____

STATE: _____ PLATE # _____ STATE: _____ PLATE # _____

2008 BADGE No.: _____

RENTERS INITIALS _____

DID YOU RECIVE A COPY OF THE RULES OF CONDUCT REVISED JULY 1, 2007: Yes or No

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE RECEIVED THE 2008 BADGES AND YOUR VEHICLES PASSES

SIGNATURE: _____ **DATE:** _____

OFFICE STAFF INITIALS: _____