

RENTAL AUTHORIZATION **(ALL BLANKS MUST BE FILLED IN)**

I hereby authorize Sandstone Creek Club Condominium Association, Inc. (Sandstone) to rent my condominium unit number: _____

Week: _____ Dates: _____ (please put in the dates you wish in the rental program), unit is located at Sandstone Creek Club Condominium, 1020 Vail View Drive, Vail, CO 81657, on the following terms and conditions:

1. This RENTAL AUTHORIZATION shall become effective on the date it is received by the Sandstone Creek Club Rental Department. This RENTAL AUTHORIZATION must be signed, dated by the owner of record, and include a valid U.S. Social Security or other U.S. tax payer number. Sandstone will not accept any RENTAL AUTHORIZATION more than 1 year in advance. This RENTAL AUTHORIZATION is in effect for the above stated unit/week, dates and year unless revoked by me.
2. I am free to rent my Unit and choose any agency to rent my Unit. I hereby represent that my choice of Sandstone as my rental agent is a voluntary decision on my part, and that Sandstone does not, in any way, require me to use their services.
3. I understand and agree that if under this RENTAL AUTHORIZATION, Sandstone rents my Unit and I, or any of my agents, make conflicting arrangements as to my Unit, then unless Sandstone can make other satisfactory arrangements to accommodate all parties, I shall honor the arrangement made by Sandstone and shall be responsible for canceling the conflicting arrangements. Any notice of cancellation of this RENTAL AUTHORIZATION or notice or arrangements inconsistent with this RENTAL AUTHORIZATION shall be made first by telephone and confirmed in writing within 7 days.
4. I acknowledge that Sandstone will offer my Unit on a first come, first serve priority basis according to the size of unit requested, location requested (Creek side or Court side) and the date on which Sandstone received this RENTAL AUTHORIZATION and such other criteria established to accommodate a rental guest request. Sandstone owners who are in "Good Standing", as that term is defined in Sandstone's By-Laws, receive priority over those owners who are past due in any amounts owed or assessed against the Unit until such past due amounts are paid.
5. Rental rates established by Sandstone are subject to change without notice.
6. I understand and agree that Sandstone may require a rental deposit from renters who reserve my Unit and may charge and retain a cancellation fee if such rental reservation cancels at least 30 days prior to the scheduled arrival at Sandstone or may retain any rental deposit received if canceled less than thirty days of the scheduled arrival.
7. I understand that if my Unit is rented more than once within the same week, I will be charged an additional cleaning fee.
8. If Sandstone rents my Unit, I hereby agree to pay Sandstone a Management fee of 35% of the rental proceeds received together with any extra cleaning charges. I hereby agree that if I owe monies on any unit/week to Sandstone including, but not limited to, maintenance fees and taxes, than Sandstone, out of remaining rent proceeds, may retain the amount of rental proceeds necessary to pay the amounts owed.
9. I understand that if my Unit is rented and I am a U.S. Citizen, I will receive an Internal Revenue Service Form 1099. If I am a non U.S. owner I understand Sandstone will report any rental income credited to me to the Internal Revenue Service and an additional amount will be withheld as necessary, as required by the Internal Revenue Service.
10. I understand and hereby agree that Sandstone may apply any remaining rent proceeds, after those deductions specified in paragraphs 7,8, and to any outstanding fees or charges unpaid, on any Sandstone unit I own.
11. Sandstone, by mail, will remit to me a statement and any remainder of the rental proceeds no later than the end of the month following the month of the rental week or interval period.
12. **I acknowledge that it is my responsibility to contact the Sandstone Reservation Department as to the status of my Unit.**
13. I understand any changes to this document will void it.

Owner Name (PLEASE PRINT)	Signature (Required)	Social Security # (Required)	Date
---------------------------	----------------------	------------------------------	------

Address (only if NEW ADDRESS)	Telephone # (HOME)	Email address (please print)
1020 Vail View Dr., Vail, Colorado, 81657	Tele (970) 476-4405 (ask for RESERVATIONS)	FAX (970) 476-8225 01/14