



**TRANSFER OF PRIVILEGES**

As a Villages of Kapolei Association (VOKA) homeowner in good standing, you have the privilege of using the VOKA Recreation Center and other common areas and services. However, if you are renting out your property, you may transfer your privileges to your tenants by signing this Transfer of Privileges form in person, at the VOKA Administration office, or send in an original notarized Transfer of Privileges form. If the property is being managed, your *agent on record* may sign this form in your stead. Once this form is completed by the owner/agent, the tenant may obtain a VOKA I.D. card for a period of one year, or the term of the rental agreement, whichever is less.

I/We, \_\_\_\_\_, owner(s) of the property located at  
Name of Homeowner(s)

\_\_\_\_\_ wish to waive my/our rights for use of  
Street Address/Unit#

Recreation facilities and services of the Villages of Kapolei Association and assign these rights and privileges to the tenant(s) below:

Print Name of Renter Head of Household

1. \_\_\_\_\_ 2. \_\_\_\_\_

Print Name of Renter Other Family Members (include age)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

The rental agreement expires on \_\_\_\_\_.

**Owner's Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*I understand this transfer of privilege is good for one year, or the term of the rental contract, whichever is shorter; and as an owner/agent it is my responsibility to renew this Transfer of Privilege form each year, or when the rental agreement is renewed (whichever comes first). Renter I.D. cards will not be issued until all current cards previously issued for the property are returned to VOKA. I also understand that this transfer of privilege does not relieve me of my obligations and responsibilities as an owner, or agent of an owner, to the Association. I am aware that it is my responsibility to inform the renters about the Recreation Center Rules, and the Covenants, Conditions, and Restrictions (CCR's) within the Villages of Kapolei. I am further aware that I am responsible (financially or otherwise) for any infractions of these Rules and CCR's, and any property damage caused, or abuses inflicted on any common area or VOKA employee, by my tenants and their guests.*

X \_\_\_\_\_ X \_\_\_\_\_

Homeowner's Signature to be notarized\* \_\_\_\_\_ Date \_\_\_\_\_ Homeowner's signature witnessed by VOKA staff \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_  
*\*If not signing at the VOKA office in person, at least one owner's signature must be notarized.*

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me personally known or identified, who executed this one page Transfer of Privileges form, dated \_\_\_\_\_ and acknowledged that he/she executed the foregoing as his/her free act and deed.

SEAL

Notary Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
District Court of the State of \_\_\_\_\_

**PROPERTY MANAGER'S ON RECORD** *Notarization not required if this form is accompanied by a cover letter using company letterhead.*

Property Management Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext \_\_\_\_\_ Fax: \_\_\_\_\_ Cellular: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Agent's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_