

**PROPERTY OWNERS OF PHARR SOUTH  
MEDICAL VARIANCE REQUEST FORM**

DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS OF PHARR SOUTH PROPERTY OWNERS ASSOCIATION STATES:

ARTICLE VI, USE RESTRICTIONS

6.1 GENERAL USE RESTRICTIONS

(a) Only one household is permitted per lot. A household is defined as not more than two persons living together. A variance may be requested in writing from THE ASSOCIATION when extenuating circumstances exist.

Owner's Name: \_\_\_\_\_

Owner's Telephone No: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Caregiver's or Agency's Name: \_\_\_\_\_

Caregiver's or Agency's Address: \_\_\_\_\_

Caregiver's or Agency's Cell No: \_\_\_\_\_

Variance Requested: **MUST** include a letter from physician stating the necessity for the request.

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A Medical Variance granted by The Board of Directors will be the lessor of the extenuating circumstance, but in no event will be for a period more than six (6) months. If the extenuating circumstance still exists upon expiration of the six month term, a new Medical Variance Request Form will need to be completed and approved by The Board of Directors.

A charge of \$20.00 per day has been set for all penalty charges for non-compliance of the Covenants, By-Laws, and Rules and Regulations. This is in accordance with the Rules and Regulations of Pharr South Property Owners Association, PAGE 10, FINES AND PENALTIES.

Any misrepresentation of any item in this request will be grounds for rescinding the variance.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

TO BE COMPLETED BY THE BOARD OF DIRECTORS:

MEDICAL VARIANCE START DATE: \_\_\_\_\_

MEDICAL VARIANCE END DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESULT:

APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_