



OWNER/TENANT INFORMATION FORM

Please complete this form and return it to the Association office at your earliest convenience. It is important that the Association have this information in case of fire, security problems or other emergency. **You may have received this form in the past, but we must update our records periodically. So, please answer all questions that pertain to your unit. Thank you!**

PLEASE PRINT LEGIBLY

Unit Address _____ Date _____ Date of Ownership _____

Owner

Owner Name-1 _____	Owner Phone (Business) _____	Date of Birth-1 _____
Owner Name-2 _____	Owner Phone (Business) _____	Date of Birth-2 _____
Owner Permanent Address _____	Owner (E-mail-1) _____	Social Security#-1 _____
Owner Permanent Address _____	Owner (E-mail-2) _____	Social Security#-2 _____
Owner Phone (Home) _____	Owner (Cell-1) _____	Branch/Active Status-1 _____
Owner Phone (Other) _____	Owner (Cell-2) _____	Branch/Active Status-2 _____

Please provide proof of current liability insurance.

Tenant

Tenant Name _____	Tenant Business Phone _____	Date of Birth _____
Tenant Unit/House Number _____	Tenant Home Phone _____	Social Security # _____
	Tenant E-mail _____	

Please provide a copy of your lease

Lease Information

Move-in Date _____ Lease Term (*must be 1 or more yrs*) _____

All Residents living in the Unit

1: Name: _____	Female/Male _____	Date of Birth: _____
2: Name: _____	Female/Male _____	Date of Birth: _____
3: Name: _____	Female/Male _____	Date of Birth: _____
4: Name: _____	Female/Male _____	Date of Birth: _____
5: Name: _____	Female/Male _____	Date of Birth: _____
6: Name: _____	Female/Male _____	Date of Birth: _____

*IF YOU LEAVE YOUR UNIT FOR AN EXTENDED PERIOD OF TIME
PLEASE NOTIFY THE OFFICE
TO FILL OUT THE EXTENDED LEAVE NOTIFICATION FORM*

In Case of Emergency, Please Contact (anyone who DOES NOT reside in your home):

Name: _____ **Relationship:** _____

Address: _____ **Telephone:** _____

E-mail: _____

Automobile(s)/Motorcycle(s) (Note: Only TWO parking spaces are available per unit)

1: Year _____ Make _____ Model _____ Color _____ Plate No. _____ Tag _____

2: Year _____ Make _____ Model _____ Color _____ Plate No. _____ Tag _____

3: Year _____ Make _____ Model _____ Color _____ Plate No. _____ Tag _____

4: Year _____ Make _____ Model _____ Color _____ Plate No. _____ Tag _____

If you have animals, please fill out the ANIMAL REGISTRATION FORM and submit that along with this form.

SIGNATURES:

Owner (1)/Tenant (1) _____ **Date** _____ **Acct#** _____

Owner (2)/Tenant (2) _____ **Date** _____ **Acct#** _____