

# **EL DORADO WAY CONDOMINIUM ASSOCIATION**

## **RESIDENT INFORMATION FORM**

This form must be completed by the residents of any unit, whether an owner or a tenant/lessee, upon request by the Association, and returned to the Association within ten days after the date of the Association's request (see Rule 2.4 of the Association's Rules and Regulations). **THIS FORM MUST BE FILLED OUT FULLY AND COMPLETED (ATTACH ADDITIONAL PAGES AS NEEDED), AND MUST BE DATED AND SIGNED. PLEASE PRINT OR TYPE (EXCEPT SIGNATURES). MAIL OR DELIVER COMPLETED FORM TO ON-SITE MANAGER'S OFFICE.**

### 1. RESIDENTS:

A. Name(s): \_\_\_\_\_ Unit No.: \_\_\_\_\_

B. Are residents \_\_\_\_ owners of the unit, or \_\_\_\_ tenants/lessees (check one)?

- If residents are owners, then skip to Section 6, "Certification", sign and date this form and fully complete, date, sign and submit Owner Information Form to Association
- If residents are tenants/lessees (hereafter "Lessee", whether one or more), then complete this form and submit as above stated.

### 2. OWNER IDENTIFICATION (if applicable):

Name(s): \_\_\_\_\_

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

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### 3. LIST EACH LESSEE (as named in lease):

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TELEPHONE - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ EMERG. \_\_\_\_\_

DRIVER'S LICENSE - STATE: \_\_\_\_\_ NO: \_\_\_\_\_ D/O/B: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TELEPHONE - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ EMERG. \_\_\_\_\_

DRIVER'S LICENSE - STATE: \_\_\_\_\_ NO: \_\_\_\_\_ D/O/B: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

4. OTHER RESIDENTS: The only persons other than each Lessee as listed above who will reside at the leased unit are as follows:

OTHER RESIDENT'S NAMES:	AGE:	RELATION TO LESSEE:
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. VEHICLES:

<u>YEAR</u>	<u>COLOR</u>	<u>MAKE/MODEL</u>	<u>PRIMARY OPERATOR</u>	<u>LICENSE NO.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CERTIFICATION:** We, the undersigned, hereby certify that each has received copies of, and agrees to abide by, the Association's condominium declaration, bylaws, rules and regulations and all other governing documents, and all decisions and directives of the Board of Directors, and that all information contained herein and attachments hereto are true and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Unit Owner or Authorized Agent)

\_\_\_\_\_ DATE: \_\_\_\_\_  
(Co-Owner, if Applicable)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Lessee)

\_\_\_\_\_ DATE: \_\_\_\_\_  
(Co-Lessor, if Applicable)

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FOR ASSOCIATION USE ONLY

Received By: \_\_\_\_\_ Date: \_\_\_\_\_