ARBORWOOD AT SUMMERTREE

AGE RESTRICTED HOUSING RESIDENT COMPLIANCE SURVEY FORM

THIS FORM IS TO BE COMPLETED BY **OCCUPANTS** OF THE PROPERTY

PROPERTY ADDRESS _____

LOT # _____

PLEASE CHECK ONE OF THE FOLLOWING:

[ ] I CURRENTLY OWN THE PROPERTY.

[ ] I CURRENTLY RENT THE PROPERTY

Name _____ DOB ____ / _____ / ____
Last First MI Jr./Sr. Month Day Year

Driver's License # _____ State _____
A COPY OF DRIVERS LICENSE MUST ACCOMPANY THIS SURVEY

Spouse _____ DOB ____ / _____ / ____
Last First MI Jr./Sr. Month Day Year

Driver's License # _____ State _____
A COPY OF DRIVERS LICENSE MUST ACCOMPANY THIS SURVEY

Other Occupants in Household: **If 55 or older please attach a copy of drivers license.**

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Resident's Signature: _____ Date: _____

Resident's Signature: _____ Date: _____

EMERGANCY CONTACT INFORMATION:

NAME:_____PHONE:_____ RELATIONSHIP:_____

NAME:_____PHONE:_____ RELATIONSHIP:_____

SPARE KEY INFORMATION:
THE FOLLOWING INDIVIDUAL(S) HAS (HAVE) A SPARE KEY TO MY UNIT:

NAME:_____PHONE:_____

UNIT/ADDRESS: _____

AUTOMOBILES TO BE PARKED ON PROPERTY:

MAKE:_____ MODEL:_____ YEAR:_____

COLOR:_____ TAG #: _____ STATE:_____

MAKE:_____ MODEL:_____ YEAR:_____

COLOR:_____ TAG #: _____ STATE:_____

PETS TO BE KEPT ON PROPERTY: (Limited to 1 Dog or 2 Cats. 25lb. Weight Limit)

NAME:_____ TYPE: _____WEIGHT:_____

NAME:_____ TYPE: _____WEIGHT:_____

IF YOU OWN A SERVICE ANIMAL, THE SERVICE ANIMAL DOCUMENTATION FORMS MUST BE COMPLETED AND SUBMITTED WITH THIS APPLICATION.

I (WE) HAVE RECEIVED AND READ THE ASSOCIATION DOCUMENTS AND THE RULES & REGULATIONS. I (WE) HAVE RECEIVED AN EXTERIOR CHANGE REQUEST FORM AND UNDERSTAND THAT ALL EXTERIOR CHANGES MUST BE SUBMITTED TO THE OFFICE AND REQUIRE BOARD APPROVAL PRIOR TO COMMENCEMENT OF MAKING ANY SUCH CHANGES. APPROVAL OR DENIAL MAY TAKE UP TO 30 DAYS. I (WE) ALSO ACKNOWLEDGE THAT WE ARE AWARE ANY NEWLY PURCHASED PROPERTY IS RESTRICTED FROM BEING LEASED FOR THE FIRST 12 MONTHS OF OWNERSHIP OR, IF PURCHASED DURING AN ARBORWOOD APPROVED LEASE, IT CAN NOT BE RE-RENTED DURING THE FIRST 12 MONTHS IF CURRENT TENANT VACATES. ALSO, THERE IS A 20% CAP ON THE PERCENTAGE OF RENTAL PROPERTIES ALLOWED.

Initial _____ **Initial**_____

I DO _____ DO NOT_____ AUTHORIZE THE ASSOCIATION TO PRINT MY NAME, ADDRESS, AND TELEPHONE NUMBER IN A NEIGHBORHOOD DIRECTORY TO BE DISTRIBUTED TO THE RESIDENTS/OWNERS OF SUMMERTREE.

_____ _____

Owner's Signature **Owner's Signature**

APPROVED_____ DISAPPROVED _____ BOARD MEMBER _____

TITLE_____ PRINTED NAME _____

ARBORWOOD AT SUMMER TREE

OWNER INFORMATION & APPROVAL FORM

ALL INFORMATION REQUESTED IS FOR THE PURPOSE OF EFFECTIVELY MANAGING THE ASSOCIATION AND IT'S COMMON PROPERTY. SUCH INFORMATION IS STRICTLY CONFIDENTIAL AND YOUR COMPLETION AND SIGNING OF THIS FORM IS APPRECIATED.

UNIT OR LOT NUMBER: _____ DATE _____

STREET ADDRESS: _____

NAME: _____ _____ _____ _____
(LAST) (FIRST) (MI) DATE OF BIRTH

SPOUSE: _____ _____ _____ _____
(LAST) (FIRST) (MI) DATE OF BIRTH

CHIRLDREN/
OTHER _____ _____ _____ _____
(LAST) (FIRST) (MI) DATE OF BIRTH

_____ _____ _____ _____
(LAST) (FIRST) (MI) DATE OF BIRTH

TELEPHONE: HOME_____WORK_____CELL_____

E-MAIL: _____

RESIDENTIAL STATUS:

FULL TIME RESIDENT_____ SEASONAL RESIDENT_____ ABSENTEE OWNER_____

IF SEASONAL RESIDENT DATES ON PROPERTY: _____

ABSENTEE OWNERS AND SEASONAL RESIDENTS:

MAIN ADDRESS: STREET:_____

CITY: _____ STATE:_____ ZIP_____

TELEPHONE: (HOME) _____ (WORK) _____

ASSOCIATION CORRESPNDENCE SHOULD BE MAILED TO:

UNIT ADDRESS: _____ MAIN ADDRESS_____

WILL YOUR UNIT LEASED? (Restricted for First Year of Ownership) (YES)_____ (NO)_____

LEASE TERM: FROM _____ TO_____

TENANT NAME: _____
(LAST) (FIRST) (MI)

TENANT SPOUSE: _____
(LAST) (FIRST) (MI))

TENANT CHILDREN/OTHER _____
(LAST) (FIRST) (MI)

TENANT PHONE: (HOME)_____(WORK)_____