

# Tenant Registration Form

459 N. Gilbert Rd. Ste. A-220 Gilbert, AZ 85234

Ph-480-347-1900 Fax-480-347-1903 Amanda@lcpaz.com

HOA Name: \_\_\_\_\_

Tenant Names: \_\_\_\_\_

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

Tenant Mailing address (if different): \_\_\_\_\_

\_\_\_\_\_

Tenants home phone #: \_\_\_\_\_

Tenants cell phone #: \_\_\_\_\_

Names and ages of children or others residing at the property: \_\_\_\_\_

\_\_\_\_\_

Tenants vehicle (make, model, year, color): \_\_\_\_\_

\_\_\_\_\_

Start date and end date of lease/rent : \_\_\_\_\_

Lot Owners Name: \_\_\_\_\_

Lot owners address: \_\_\_\_\_

\_\_\_\_\_

Lot owners phone #'s: \_\_\_\_\_

Lot owner's email address: \_\_\_\_\_

Local property managers Name, Address and phone #: \_\_\_\_\_

\_\_\_\_\_

As the lot owner, I understand that I am fully responsible for the tenants, their family, their pets, and guest actions and will pay the fines levied against the lot for violations of the community's governing documents. I also understand I am responsible for giving the tenants a copy of the CC&R's, by-laws and Rules and Regulations and making sure they understand them.

I authorize the HOA to interact with the management company for this property as well.

Signature of lot owner: \_\_\_\_\_ Date: \_\_\_\_\_