

LONGFORD CROSSING HOMEOWNERS ASSOCIATION – RULES AND REGULATIONS

ATTACHMENT B

Tenant Registration Form

ASSOCIATION UNIT ADDRESS _____

UNIT OWNER(S):

NAME(S) _____

ADDRESS _____

PHONE# (HOME) _____ **(OFFICE)** _____

TENANT(S):

NAME(S) _____

ADDRESS _____

PHONE# (HOME) _____ **(OFFICE)** _____

CAR MAKE, MODEL AND LICENSE PLATE _____

LEASE START DATE _____ **LEASE END DATE** _____

AUTOMATIC RENEWAL **YES** _____ **NO** _____

PETS ALLOWED **YES** _____ **NO** _____

NUMBER AND TYPE _____

As the Landlord/Owner of the above referenced unit in the Longford Crossing Community Association, I verify that the above information is correct and I have provided a copy of all necessary Association Rules/Regulations/Restrictions to my tenant. As the Landlord/Owner, I am responsible for the actions of my tenant and any guests or occupants of the unit. **I have attached a copy of my written lease agreement as required by the Association's Rules and Regulations.**

Owner's Signature(s): _____

Date: _____