

****PLEASE PROMPTLY RETURN BY MAIL OR EMAIL - THANK YOU.****

Owner Information Form

c/o GUD Community Management
4135 S. Power Road, Suite 122,
Mesa AZ 85212
Phone: 480-635-1133 * info@gudhoa.com

Community: _____

Owner Name(s): _____

Property Address: _____ Lot #/Unit#: _____

Phone Number (primary): _____ CELL HOME WORK (circle one)

Phone Number (secondary): _____ CELL HOME WORK (circle one)

Email (primary): _____

Email (secondary): _____

Alternate Mailing Address (if applicable) OR Check if property address is mailing address

Address: _____

City: _____ State: _____ Zip Code: _____

Country (if outside of United States): _____

Is this the year-round mailing address? (circle one) YES NO

If not, what months is this address used? (circle below) *(please note we do not automatically update your mailing address according to this schedule but we do use this in the event we receive returned mail)*

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Authorized Contact Information:

Name(s): _____

Phone Number: _____

Email Address: _____

Relation to Owner: _____

Because your community is a membership Association, each member (owner) is expected to comply with the directives set forth in the Covenants, Conditions and Regulations (CC&Rs), the Bylaws, and the Association Rules and Regulations you were digitally provided during the closing process. If you need a copy of said documents, please contact the management company. If this is occupied by anyone other than the owner, it is imperative that a copy of the CC&R's and Association Rules & Regs be made available to the tenant/resident. Any failure by the tenants/resident to follow the Association rules may bring consequences to the owner of the unit. By signing this statement, you are verifying that you received the digital copy of these documents.

Homeowner Signature: _____ Date: _____

****Please fill out this form ONLY if you have a tenant and/or management company****

TENANT RESIDENT REGISTRATION FORM

The following information must be provided each time you have a new or renewed lease:

COMMUNITY NAME: _____

Address: _____ Lot #/Unit # _____

Property Management Agent: (note: this is not GUD Community Management)

Company Name: _____ Contact Name: _____

Phone #: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Names and contact information for all Non-Owner residents living in the unit:

Tenant Move-in Date: ____/____/____ Start of Lease: ____/____/____ End of Lease: ____/____/____

Occupant 1:

Name: _____

Phone #: _____

Email: _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle Color: _____

Vehicle Plate #: _____ State: _____

Occupant 2:

Name: _____

Phone #: _____

Email: _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle Color: _____

Vehicle Plate #: _____ State: _____

I acknowledge I have received/read the Rules and Regulations for all owners and residents of the Association, and I agree to abide by all the Rules and Regulations. I acknowledge I have provided the tenants with a copy of the CC&Rs and Rules & Regulations. I further understand that any violation may subject the owner to monetary penalties.

Occupant 1 Signature: _____ Date: ____/____/____

Occupant 2 Signature: _____ Date: ____/____/____

I further acknowledge that as the owner of this unit, I must submit this form each time a lease is entered into and each time a lease is renewed.

Unit Owner's Name Printed: _____

Unit Owner's Signature: _____ Date: ____/____/____

Landlord/Management Co. Signature: _____ Date: ____/____/____