ESCONDIDO COMMUNITY ASSOCIATION, INC

RESIDENT INFORMATION SHEET

BUILDING #_____ UNIT #_____

YOUR NAME:_____

HOME TELEPHONE #_____OTHER PHONE #_____

DO YOU OWN OR LEASE THIS UNIT?_____

IF LEASED, FROM_____ TO _____
(date) (date)

IF YOU DO LEASE THIS UNIT, PLEASE PROVIDE THE OFFICE WITH A COPY OF THE LEASE.

NAME & RELATIONSHIP OF ALL PERSONS LIVING IN THE UNIT:
1._____
2._____
3._____
4._____

IN CASE OF EMERGENCY NOTIFY:
NAME:_____ PHONE#_____
ADDRESS:_____ OTHER PHONE #_____
_____

EMERGENCY KEY WITH_____PHONE #_____

AS AN OWNER, DO YOU HAVE A MORTGAGE ON THIS UNIT? Y N
NAME AND ADDRESS OF MORTGAGE HOLDER:_____
_____
_____

INSURANCE INFORMATION: OWNERS AND RENTERS
NAME OF YOUR HOMEOWNERS/RENTERS INSURANCE CO_____
AGENT PHONE #_____

Please return this form to the Escondido Assoc. Office as soon as possible. Thank you for your time and effort.