

Rhondda HOA

HOMEOWNER INFORMATION FORM

Community Number: 039

DATE: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Dear Homeowner:

Please complete the appropriate spaces to provide the necessary contact and emergency information. Return to the Management Office. This information is for Board and Management use only.

HOMEOWNER CONTACT INFORMATION:

1. \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Owner

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

2. \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Owner

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

3. \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Owner

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

ADDRESS INFORMATION

Owner Address (if non-resident):

Billing Address: (if different from House/Owner Address): \_\_\_\_\_

Alternate (Seasonal) Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Phone: ( ): \_\_\_\_\_ Phone: ( ): \_\_\_\_\_

**EMERGENCY INFORMATION:** The following person is to be contacted in the event of an emergency. This person \_\_\_ has \_\_\_ does not have a key to my home.

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

Phone Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

If you have a private security company, please provide the name and telephone number:

\_\_\_\_\_

**OCCUPANT INFORMATION:** Please list the names and ages (age required only if under 21) of all additional permanent residents of the home not listed as homeowners.

| <u>Name</u> | <u>Age</u> | <u>Name</u> | <u>Age</u> |
|-------------|------------|-------------|------------|
| 1. _____    |            | 4. _____    |            |
| 2. _____    |            | 5. _____    |            |
| 3. _____    |            | 6. _____    |            |

**AUTOMOBILE INFORMATION**

| <u>MAKE/MODEL</u> | <u>COLOR</u> | <u>LICENSE FEATE/STATE</u> |
|-------------------|--------------|----------------------------|
| 1. _____          |              |                            |
| 2. _____          |              |                            |
| 3. _____          |              |                            |

**INSURANCE INFORMATION:**

Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PET INFORMATION:** Please list the name/type of pet/description

| <u>Type</u> | <u>Description</u> | <u>Name</u> |
|-------------|--------------------|-------------|
| 1. _____    |                    |             |
| 2. _____    |                    |             |

Please return the completed application and any accompanying documentation to:

Rhondda HOA

525 Carmarthen Ct | Exton, PA 19341

VOICE: (610)363-8413 | FAX: (610)363-9223

Thomas.Schickling@rhonddaassocia.us