

**CAINE'S CREEK CONDOMINIUM
HOMEOWNER INFORMATION FORM**

Dear Homeowner:

In order to update the community directory, records, and enable our Management Company to respond to various community needs, please complete the information below. *All information is strictly confidential and is for Board and Management use only.*

UNIT ADDRESS: _____

HOMEOWNER CONTACT INFORMATION

1. _____ Home () _____ - _____ Cell () _____ - _____
Owner

Email: _____

2. _____ Home () _____ - _____ Cell () _____ - _____
Owner

Email: _____

ADDRESS INFORMATION

Owner Address (if non-resident): _____

Billing Address: (if different from House/Owner Address): _____

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: _____
Home () _____ - _____ Work () _____ - _____ Mobile () _____ - _____

LEASING INFORMATION

1. _____ Home () _____ - _____ Cell () _____ - _____
Tenant

Email: _____

2. _____ Home () _____ - _____ Cell () _____ - _____
Tenant

Email: _____

3. _____ Home () _____ - _____ Cell () _____ - _____
Tenant

Email: _____

Lease Expiration Date: _____ / _____ / _____. *Copies of all executed leases as well as Appendix A & B must be submitted to the Management Office.*

(Over)

OCCUPANT INFORMATION: Please list the names of all permanent residents of the home:

Name	Relationship to owner/leasee
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

AUTOMOBILE INFORMATION

<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>LICENSE PLATE / STATE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

INSURANCE INFORMATION: Please enclose a copy of the declaration page of your insurance policy.

Owner

Carrier: _____ Expiration Date: _____
 Type of Policy: HO6 _____ Other: _____

Renters

Carrier: _____ Expiration Date: _____
 Type of Policy: HO4 _____ Other: _____

PET INFORMATION: Please attach the Dog License (as per Chester County Ordinance <https://www.chesco.org/1112/Dog-License>) and Dog Registration Form with the \$25 annual fee or list the type of pet and its description:

Type	Description	Name
1. _____	_____	_____
2. _____	_____	_____

HANDICAPPED OCCUPANTS: Please list the people in you residence that need assistance getting out of the building in an emergency.

1. _____ 2. _____ 3. _____

Please email completed form at mesolis@pencomanagement.com or mail to Caine's Creek Condo c/o PENCO Management, Inc. 2860 DeKalb Pike, Ste 200, E Norriton, PA. 19401.

Thank you very much!