



Confidential Member/Resident Profile

All contact information must be submitted in writing

PLEASE COMPLETE AND RETURN THIS FORM TO THE ASSOCIATION'S MANAGEMENT COMPANY WITHIN TEN (10) DAYS UPON RECEIPT. IT IS THE OWNER'S RESPONSIBILITY TO ENSURE THAT THIS FORM IS FILLED OUT COMPLETELY, ACCURATELY, AND TIMELY, EITHER UPON REQUEST, OR EACH TIME THERE IS A CHANGE IN OWNERSHIP, RESIDENCY STATUS, OR OTHER CHANGES WITH RESPECT TO THE INFORMATION REQUESTED HEREIN. TENANTS ARE ALSO REQUIRED TO COMPLETE THIS FORM, AND ARE HELD TO THE SAME PROVISIONS IN THE CC&R'S AND R&R'S.

THE INFORMATION REQUESTED HEREIN IS VITAL TO THE MANAGEMENT OF THE ASSOCIATION AND WILL NOT BE SOLD OR GIVEN TO ANYONE. NONCOMPLIANCE, FALSE, AND/OR INCOMPLETE INFORMATION WILL RESULT IN NON-ISSUANCE OF YOUR PARKING PERMIT(S). PLEASE FULFILL YOUR RESPONSIBILITY, MAINTAIN GOOD RELATIONS, AND HELP KEEP MANAGEMENT COSTS DOWN.

PLEASE PRINT LEGIBLY.

Homeowner Information

Homeowner Name on Title:		Owner Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit#
Legal Address (<i>if different from Antares address</i>):	City:	State:	Zip Code:
Day Phone:	Evening Phone:	Email Address:	
Person to Notify in Case of Emergency:			
Day Phone:	Evening Phone:	Email Address:	

Rental Information

Rental Management Company (<i>if applicable</i>):	Agent Name:		
Address:	City:	State:	Zip Code:
Day Phone:	Evening Phone:	Email Address:	



THE FOLLOWING PEOPLE RESIDE IN THIS UNIT:

Resident Information

Resident#1 Name:		
Day Phone:	Evening Phone:	Email Address:
Resident#2 Name:		
Day Phone:	Evening Phone:	Email Address:
Resident#3 Name:		
Day Phone:	Evening Phone:	Email Address:
Resident#4 Name:		
Day Phone:	Evening Phone:	Email Address:

Vehicle Information

Vehicle#1 Make:	Model:	Color:	Year:	State:	License Plate#:
Vehicle#2 Make:	Model:	Color:	Year:	State:	License Plate#:
Vehicle#3 Make:	Model:	Color:	Year:	State:	License Plate#:
Vehicle#4 Make:	Model:	Color:	Year:	State:	License Plate#:
Office Use Only					
Vehicle#1 Permit Number:			Vehicle#2 Permit Number:		

Antares

H O M E O W N E R S A S S O C I A T I O N

Pet Information

Type:	Breed:	Color:	License#:	Size/Weight:	Name:
Type:	Breed:	Color:	License#:	Size/Weight:	Name:

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE CC&R'S AND R&R'S:

Signatures

Homeowner/Agent Signature:	Date:
Tenant Signature:	Date: