

CENSUS FORM

Please assist the Association in maintaining accurate records for your home. It is important that this form be updated on an annual basis or any time there is a substantial change in any of the data. ALL ITEMS MUST BE COMPLETED, IF IT ISN'T APPLICABLE PLEASE ENTER N/A AND RETURNED TO REGENCY'S OFFICE

MAILING ADDRESS: c/o Regency Management Group, 605 Candlewood Commons, Howell, NJ 07731
FAX: 732-905-8606 or RCLAYTON@REGENCYMANAGEMENTGROUP.BIZ

UNIT ADDRESS:

OWNER(S) NAME:(S)

BILLING ADDRESS IF DIFFERENT THAN HOME ADDRESS:

HOME PHONE:

OWNER WORK PHONE:

OWNER CELL PHONE:

EMAIL ADDRESS NO. 1:

EMERGENCY CONTACT NAME/No.

OWNER SOCIAL SECURITY #:

EMAIL ADDRESS NO. 2:

RELATIONSHIP



**RESIDENT INFORMATION – LIST ALL OCCUPANTS – INDICATE IF CHILD OR ADULT.
TO BE COMPLETED ONLY IF UNIT IS OWNER OCCUPIED. RENTERS TO COMPLETE SECTION "D" BELOW**

| NAME | ADULT | CHILD | HOME PHONE NUMBER | WORK PHONE NUMBER: | CELL PHONE NUMBER |
|------|-------|-------|-------------------|--------------------|-------------------|
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-OVER-



Everyone must complete. If you do not own a car please indicate "no car". All vehicles MUST be registered with Association

ANY VEHICLE NOT REGISTERED WITH THE ASSOCIATION MAY BE TOWED OFF THE PROPERTY

LICENSE PLATE# _____ DRIVEN BY: _____

LICENSE PLATE# _____ DRIVEN BY: _____

LICENSE PLATE# _____ DRIVEN BY: _____

LICENSE PLATE# _____ DRIVEN BY: _____



TENANT INFORMATION IF UNIT IS RENTED. Information on all non-owner occupied units must be provided.

COPY OF LEASE MUST BE SUPPLIED. LEASE BEGINS _____ LEASE ENDS _____

| NAME | HOME PHONE NUMBER | WORK PHONE NUMBER: | CELL PHONE NUMBER |
|------|-------------------|--------------------|-------------------|
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FOR RENTED UNITS ONLY

Owner statement:

I hereby certify that I have informed the above identified tenant that the Association is a legally registered and operating Condominium Association governed by the laws of the State of New Jersey and by separate Bylaws and Rules and Regulations and that by signing the lease they are obligated to comply with those requirements.

Unit Owner signature: _____ Date: _____

Renter statement:

I hereby certify that I have been informed of and understand the Bylaws and Rules and Regulations of the Association.

Renter signature: _____ Date: _____

Renter signature: _____ Date: _____

