

Registration Form

To be completed by each Owner & Tenant
Return to Preferred Communities: info@gothoa.com

Community Name: _____

Property Address: _____

Lot/Unit # _____ Are you the: Owner or Tenant

Resident Name(s): _____

Mailing Address (if different from property address): _____

Phone Numbers: (c) _____ (h) _____ (w) _____

Email(s): _____

Name & Contact info of additional authorized occupants living in your Unit:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Pet Registration: In case of Fire, we need to have every pet listed. Please include additional page if needed

Pet Name: _____ Breed: _____ Color: _____ Weight: _____

Pet Name: _____ Breed: _____ Color: _____ Weight: _____

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Vehicle Information: Please list all resident vehicles that will be parked on the property on a regular basis. A copy of the Vehicle registration must be included when submitting this registration form to obtain a resident parking permit. Each unit has one (1) assigned covered space. Uncovered spaces are first come first serve. There may be no more than two (2) vehicles parked in the community at a time from each unit.

Make: _____ Model: _____ Color: _____ License Plate: _____

Make: _____ Model: _____ Color: _____ License Plate: _____

Make: _____ Model: _____ Color: _____ License Plate: _____

SIGNATURE:

Resident Signature: _____ Date: _____

If you are an offsite owner, Landlord or renter, please complete the 2nd page

If you are the tenant, please have your Landlord complete the 2nd page.

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Off Site Owner or Landlord Information

Owner Name: _____

Mailing Address: _____

Phone Numbers: (c) _____ (h) _____ (w) _____

Email(s): _____

Is your Unit/Lot used as a Rental Property? Yes No

If you answered NO, please complete the following:

Do you live in the unit part of the year? If so what dates are you usually in the unit? _____

Please provide an emergency contact who has access to your unit during your absence:

Contact Name: _____

Phone Number: _____

Email Address: _____

If you answered yes, your Lot/unit is a rental property, please complete the following:

Name of Property Management Company: _____

Contact Name: _____

Phone numbers: (O): _____ (C) _____

Email Address: _____

Do you authorize Los Racimos to communicate directly with your Property Manager? Yes No

Lease Term: (Required): Start Date: _____ End Date: _____

Check one: New Tenant (\$25.00 Enclosed) Renewal – Previously Paid

Return this completed form each time you have a new tenant OR a lease renewal. For New Tenants: Include a check or money order in the amount of \$25.00 made payable to Preferred Communities PO Box 5720 Mesa AZ 85211. If mailing this form more than 15 days after the lease start or renewal date, include the \$15.00 late fee.

SIGNATURE:

Owner/Landlord Signature: _____ Date: _____