Jamestown Square at Lakeridge HOA, Inc.

OWNER APPLICATION

ADDRESS OF PROPERTY: _____

OWNER NAME:_____

PHONE NUMBER:_____ EMAIL:_____

DATE OF BIRTH:_____ DL#:_____

VEHICLE YEAR, MAKE & MODEL:_____

VEHICLE LICENSE NUMBER:_____ STATE:_____

PERVIOUS ADDRESS:_____ HOW LONG?:_____

HAVE YOU EVER BEEN ARRESTED? NO YES

IF YES, PLEASE EXPLAIN_____

ARE YOU A REGISTERED SEX OFFENDER/SEXUAL PREDATOR? NO YES

IF YES, PLEASE EXPLAIN_____

EMPLOYER:_____

CO-OWNER NAME:_____

PHONE NUMBER:_____ EMAIL:_____

DATE OF BIRTH:_____ DL#:_____

VEHICLE YEAR, MAKE & MODEL:_____

VEHICLE LICENSE NUMBER:_____ STATE:_____

PERVIOUS ADDRESS:_____ HOW LONG?:_____

HAVE YOU EVER BEEN ARRESTED? □NO □YES

IF YES, PLEASE EXPLAIN_____

ARE YOU A REGISTERED SEX OFFENDER/SEXUAL PREDATOR? □NO □YES

IF YES, PLEASE EXPLAIN_____

EMPLOYER:_____

LIST ANY ADDITIONAL PERSONS WHO WILL OCCUPY THE RESIDENCE

NAME:_____ AGE:____ RELATIONSHIP:_____

NAME:_____ AGE:____ RELATIONSHIP:_____

WILL PETS RESIDE IN THE UNIT? IF YES, LIST

TYPE:_____ WEIGHT:_____ TYPE:_____ WEIGHT:_____