

CENSUS FORM

Please assist the Association in maintaining accurate records for your home.

MAILING ADDRESS:

Gracewood Glen Condominium Association
c/o Regency Management Group
605 Candlewood Commons
Howell, NJ 07731

FAX: 732-905-8606 or HFOLEY@REGENCYMANAGEMENTGROUP.BIZ

UNIT ADDRESS:

OWNER(S) NAME:(S)

BILLING ADDRESS IF DIFFERENT THAN HOME ADDRESS:

OWNER HOME PHONE:

OWNER WORK PHONE;

OWNER CELL PHONE:

EMAIL ADDRESS NO. 1:

EMERGENCY CONTACT NAME & NO &
RELATIONHSHIP.

OWNER SOCIAL SECURITY NUMBER

EMAIL ADDRESS NO. 2:

B

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

NAME	ADULT	CHILD	HOME PHONE NUMBER	WORK PHONE NUMBER:	CELL PHONE NUMBER

-OVER-



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

COPY OF LEASE MUST BE SUPPLIED & COMPLETED LEASE RIDER ENCLOSED TO BE COMPLETED.

LEASE BEGINS _____ LEASE ENDS _____

NAME	HOME PHONE NUMBER	WORK PHONE NUMBER:	CELL PHONE NUMBER

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: _____