

RESIDENCY VERIFICATION FORM

Province Park Condominium Association

Purpose

This form must be completed annually or within 10 days of any change in occupancy, tenancy or household composition by every unit owner to verify current occupancy, emergency contacts, and compliance with PPCA governing documents.

1. Unit Information

- **Address:** _____
- **Unit Number:** _____
- **Owner Name(s):** _____
- **Owner Phone:** (C) _____ (H) _____
- **Owner Email:** _____
- **Owner Mailing Address (if different):**

2. Occupancy Status

Select one:

- Owner Occupied Seasonal
- Family Member(s) Occupied
- Tenant Occupied
- Vacant

3. Key & Vehicle Access Information

- **Key to unit has been provided to School Management for emergency access:**
 YES NO
- **Contact information for the person designated to move the vehicle in the owner's absence:**
Name: _____
Phone: _____ Email: _____

If tenant occupied, complete Section 4.

If non-tenant residents live in the unit, complete Section 4A

4. Tenant Information (if applicable)

- Tenant Name(s): _____
- Lease Start Date: _____
- Lease End Date: _____
- Tenant Phone(s): _____
- Tenant Email(s): _____

Additional Occupants

Name	DOB	Relationship to Tenant(s)	Phone	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Checklist

- Lease on file is current
- Pet Registration submitted (if applicable)
- Vehicle Registration submitted

4A. Occupants (Non-Tenant)

List all individuals residing in the unit who are **not tenants on a lease** (e.g. family members).

Name	DOB	Relationship to Owner	Phone	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Vehicle Information (Occupant(s))

List all vehicles associated with the unit.

Make/Model	Color	License Plate	State	Parking Permit #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Emergency Contacts (Occupant(s))

Provide at least one emergency contact.

- **Name:** _____
- **Relationship:** _____
- **Phone:** _____
- **Email:** _____

6. Pets (Occupant(s))

- No pets
- Pets listed below:

Type	Breed	Weight
_____	_____	_____
_____	_____	_____

Submitting this form online, along with my typed name, constitutes my legal electronic signature.

Owner Signature: _____

Date: _____