

Lafayette
Association of Homeowners, Inc

OWNER / RESIDENT / TENANT INFORMATION

All resident owners and tenants moving into the Lafayette are required to provide the requested information. If sharing a unit, each person must complete a form.

Unit(s)# _____ Resident Move in Date _____

Name _____ Check one: Owner _____ Tenant _____

Address _____
(If not living in the building) City State Zip

Home Phone# _____ Cell# _____ Work# _____

Email address _____

Others Person(s) and/or Pets residing in this Unit

1. _____ 2. _____

Name of Nearest Relative not living in unit (for emergency)

Name _____ Phone # _____ Relationship _____

Other contact (for emergency)

Name _____ Phone # _____ Relationship _____

Rules Agreement

I have received and read the Lafayette Association Of Homeowners, Inc., Rules and Regulations and promise to abide by the rules and policies therein.

Signed _____ Date _____

Office Use Only:

Parking Space # _____ Intercom # _____ Number of Entry/Elevator Keys _____

Gate Opener Deposit Received _____ Date _____

Move-In-Fee _____ Unit Key for emergency left at office Yes _____ No _____