

180 E. Main Street, Suite 101, Tustin CA, 92780
PHONE: 714-679-1105 FAX: 714-544-7771 Email: andre@diversifiedhoa.com

SUN CITY HERMOSA CCC

AGE VERIFICATION/ CURRENT CONTACT INFO

| l. Homeowner Nam | e: | | |
|--|--|---|--|
| . Property Address: | | | |
| . Mailing Address (i | f different from above): _ | | |
| . Current Phone #: | | | |
| Would you like to | ing Address (if different from above): rent Phone #: Ild you like to receive Association notices by email? YES NO ent Email Address: residence is: (check one) Owner Occupied Rented Vacant event of an emergency, tenant phone #: Ill persons residing at the Sun City Hermosa address listed above: ((S): First middle last Date of birth mo/day/year FOU OWN ANY PETS? YES NO If YES, HOW MANY? : Il(s): EGAL OWNER OF THIS PROPERTY, I CERTIFY THAT THE ABOVE STATEMENTS ARE | | |
| This residence is: (check one) Owner Occupied Rented Vacant In the event of an emergency, tenant phone #: List all persons residing at the Sun City Hermosa address listed above: NAME(S): First middle last Date of birth mo/day/year DO YOU OWN ANY PETS? YES NO HYES, HOW MANY?: Breed(s): AS LEGAL OWNER OF THIS PROPERTY, I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT, UNDER PENALTY OF PERJURY. Executed by me on: | | | |
| | | | |
| _ | ddress: | | |
| in in | middle | last | Date of birth mo/day/year |
| | | | |
| First | middle | last | Date of birth mo/day/year |
| First | middle | last | Date of birth mo/day/year |
| First | middle | last | Date of birth mo/day/year |
| First | middle | last | Date of birth mo/day/year |
| DO YOU OWN ANY | Y PETS? YES NO | If YES, HOW MANY? | |
| | | eive Association notices by email? YES NO ceck one) Owner Occupied Rented Vacant gency, tenant phone #: at the Sun City Hermosa address listed above: middle last Date of birth mo/dsy/year ETS? YES NO If YES, HOW MANY?: | |
| Breed(s): | | <u> </u> | Rented Vacant Sted above: last Date of birth mo/day/year Ow Many?: THAT THE ABOVE STATEMENTS ARE RY. Executed by me on: |
| AS LEGAL OWNER | ess: | | |
| | | | |
| | at . | | |
| Date | | | |
| | | | |
| Print name | | Signature | · |

PLEASE ENCLOSE A PHOTOCOPY OF THE DRIVERS LICENSE OR LEGAL IDENTIFICATION FOR EACH RESIDENT IN THE HOME

Please Mail. Fax. or Email back form