## MAPLEWOOD CONDOMINIUM ASSOCIATION

## **TENANT INFORMATION FORM**

Tenants are considered *Third Party* entities on Maplewood's property. The Association *must* identify such individuals and shall consider them Residents with similar rights and obligations as Owners. Tenants must provide the following information for our records (filed for the duration of the tenancy). Failure to provide information will result in automatically receiving a copy of the regulatory materials (at owner's expense) and additional penalties for the unit owner.

DATE:	UNIT:	ADDRESS:	
NAME(S) OF YOUR LANDLORD(S):			
LIST OF TENANT NAMES (Print Clearly)	CONTACT NUMBER	EMAIL ADDRESS	Undergrad Student? (Circle one)
(i find Oleany)			
	( )		yes no
	( )		yes no
	( )		yes no
	( )		yes no
Did all the Tenants in the leased premises sign a written lease agreement? (Circle one) YES NO			
What is the STARTING DATE of your lease agreement (written or not)? Month Day			Year
What is the ENDING DATE of your lease agreement (written or not)? Month Day Year			
How many persons occupy the leased premises on a permanent basis (longer than 30 days)? (Circle one)			
1 2 3 4 5	More (specify)		
How many persons in the leased premise are <b>related</b> (family) in some way? (Circle one)			
1 2 3 4 5 M	lore (specify)		
Did every tenant acquire Renter's Insurance with coverage of \$500,000 liability for the duration of the lease term? YESNO (a tenant is not permitted to enter the property without first acquiring and submitting proof of insurance)			
Did your landlord provide all Tenants in the leased premises with either a hard copy of the by-laws or access to the website that			
contains the regulatory material:			
YESNO			
I WARRANT THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.			
TENANT NAME: Date: Signature: Signature: Date: Date:			
(Print)		·	Dale
TENANT NAME:	Signature:		Date:
(Print)			
TENANT NAME:(Print)	Signature	:	Date:
(Print)			
SUBMIT FORM TO → Association prior to the beginning of your lease start date and at the renewal of your lease.			