

**Casa De Oaks Homeowners Association - Confidential Resident Information Form**  
**Concord Consulting and Association Services, Inc 888 W. Ventura Blvd Ste C, Camarillo, CA 93010**  
**805-445-1040 / Fax 805-445-1373 / email: DearConcord@concordconsulting.net**

Property Address: \_\_\_\_\_  
 Owner(s) of Title: \_\_\_\_\_  
 Owner(s) of Title: \_\_\_\_\_

*Please provide information as written on your grant deed*

Mailing Address : \_\_\_\_\_  
 Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing Zip: \_\_\_\_\_

**All mail will be sent to the most current mailing address of record, changes to the mailing address must be in writing.**

Owner Home Phone: \_\_\_\_\_ *Phone number to residence if available*

Owner 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Owner 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I will be using this home as:  my main residence  as a second home  as a rental property

**PLEASE COMPLETE THE FOLLOWING IF YOU HAVE TENANTS:**

<b>Lease effective as of:</b> _____	<b>A copy of the lease must be submitted with this form</b>
Tenant Home Phone: _____	<i>Phone number to residence if available</i>
Tenant 1: _____	Cell Phone: _____
Email: _____	Work Phone: _____
Tenant 2: _____	Cell Phone: _____
Email: _____	Work Phone: _____
Rental Management Co: _____	Phone: _____
Rental Management Address: _____	
Mailing City: _____	Mailing State: _____ Mailing Zip: _____
Rental Manager: _____	Email: _____

**List all residents over 18 years of age who are not listed above and will reside at this address**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**List all residents under 18 years of age and their year of birth who will reside at this address**

Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Property Address: \_\_\_\_\_

**List information regarding all animals residing at this address**

Name: \_\_\_\_\_ Breed/description \_\_\_\_\_

Name: \_\_\_\_\_ Breed/description \_\_\_\_\_

**Please list all vehicles belonging to residents at this address (use separate paper if more than 4)**

Registered Owner \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Registered Owner \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Registered Owner \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Registered Owner \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

**Please provide an emergency contact person for the property owner**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing Zip: \_\_\_\_\_

**If the property address is occupied by anyone other than the owners of record, the residents must sign this form acknowledging they have received, read and understand the Rules and Regulations of the Association.** The residents also understand that they are responsible for assuring that all family members, guests, invitees or contractors are aware of and abide by the Association’s governing documents and Rules and Regulations.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We acknowledge that the information above is true and correct to the best of my/our knowledge.

As the owner of the property address it is also understood that I/we are responsible for any violation of the Association’s governing documents and for assuring that all residents, family members, tenants, guests, invitees or contractors are aware of and abide by the Association’s governing documents and Rules and Regulations.

I/We understand that we are responsible for updating this information should there be any changes in occupancy or information as stated on this form.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return the completed form in person with the Receipt of Parking Pass, Signed to Concord Consulting, 888 W. Ventura Blvd., Suite C, Camarillo, CA 93010**

Any questions regarding this form, please contact Concord Consulting at 805-445-1040