

TENANT REGISTRATION FORM

SPRINGFIELD MANOR -- Web site: www.springfieldmanorhoa.org

As the Landlord/Owner of the below referenced unit in the Springfield Manor Community Association, I verify that the below information is correct and I have provided a copy of all necessary Association **Rules/Regulations/Restrictions to my tenant**. As the Landlord/Owner, I am responsible for the actions of my tenant and any guests or occupants of the unit. **I have attached a copy of my written lease agreement as required by the Association's Rules and Regulations. Homeowner please refer to the Declaration 6.1.15 Leasing of the Units.**

Homeowner (s) Name (please print clearly)

_____//_____

Unit Address: _____

Mailing Address: (if other than above)

Phone Numbers:

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Unit Owners Email Address: _____@_____._____

Tenant (s) Name (please print): _____//_____

Tenant (s) Phone Numbers & Email:

Home: (____) _____ Work: (____) _____

Cell: (____) _____ Email: _____

*** Lease Expiration Date:** ____/____/____

*** Every Lease of a Unit must be submitted to the Executive Board for review for compliance with the provisions of the Declaration & Rules at least (15) days prior to the occupancy of a Unit by a prospective tenant. Within (10) days of the execution of a lease for a unit, the unit owner shall forward a fully executed copy of such Lease to the Executive Board.**

Signature & Date of Tenant (s)

_____ Date: _____

_____ Date: _____

Please return this form to the following address or fax it to the following number:

Continental Property Management, Inc. 975 Easton Road Suite 102

Warrington, PA 18976 Fax: 215-343-4409