

# AVERA COMMUNITY ASSOCIATION Resident Information Form

Please complete this form in its entirety and return to the address or email noted below. Thank you!

## Owner Information

Owner Name(s): \_\_\_\_\_

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

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

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

Phone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Unit is: Owner Occupied \_\_\_\_\_ Tenant Occupied \_\_\_\_\_

## Resident Information (if different than above)

Resident Name(s): \_\_\_\_\_

Other Occupant(s): \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

**Current Lease MUST be submitted with this form**

## Vehicle Information

Vehicle #1

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Lic Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle #2

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Lic Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle #3

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Lic Plate #: \_\_\_\_\_ State: \_\_\_\_\_



**EPIC**  
ASSOCIATION MANAGEMENT

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