

# OWNER CENSUS FORM

1. ASSOCIATION NAME: WHEATON OAKS TOA

2. FULL UNIT MAILING ADDRESS: \_\_\_\_\_

3. OWNER(S) AS SHOWN ON TITLE: \_\_\_\_\_

4. OWNER'S TELEPHONE: HOME # : \_\_\_\_\_ WORK # : \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

5. ARE YOU A RESIDENT OWNER? YES \_\_\_\_\_ (if YES, skip to #10) NO \_\_\_\_\_

6. OWNER'S MAILING ADDRESS: \_\_\_\_\_

7. NAME ON LEASE: \_\_\_\_\_

8. TENANT'S TELEPHONE: HOME # : \_\_\_\_\_ WORK # : \_\_\_\_\_

9. DATE LEASE EXPIRES: \_\_\_\_\_

10. LIST EACH PERSON RESIDING IN THE UNIT: \_\_\_\_\_ CHILD, ADULT or SENIOR

FULL LEGAL NAME (if more than six, list additional names on back) SEX

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

11. PET(S) IN THE UNIT? \_\_\_\_\_ DESCRIPTION(S): \_\_\_\_\_

12. VEHICLE MAKE/MODEL: \_\_\_\_\_ PLATE # : \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

13. LOCAL AREA EMERGENCY CONTACT: \_\_\_\_\_

14. CONTACT TELEPHONE : HOME # : \_\_\_\_\_ WORK # : \_\_\_\_\_

15. DOES EMERGENCY CONTACT HAVE KEYS TO UNIT? YES \_\_\_\_\_ NO \_\_\_\_\_  
(It is recommended that the Contact have a key to your home)

**I the undersigned affirm that the information provided above is complete, accurate and current.**

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Thank you, for taking the time to provide us the information we need to effectively manage your Association**

**This information will be kept in accordance with the Privacy Statement of Association Partners, Inc.**

**You may obtain a copy by contacting us at (630) 653-7782**