

OCCUPANCY CENSUS

In accordance with the Declaration of the Association, occupants are required to complete and submit the following census every two years, when there is any change in occupancy or when requested by the Executive Board.

ASSOCIATION: _____

ADDRESS: _____

PHONE: _____ ALT. PHONE : _____

The undersigned owner(s) of the unit listed above hereby certifies that the occupant(s) of the Unit and their ages are as follows: **PLEASE PRINT CLEARLY**

Last Name First Name MI
Date of Birth: / /
 Mo. Day Year

Last Name First Name MI
Date of Birth: / /
 Mo. Day Year

Last Name First Name MI
Date of Birth: / /
 Mo. Day Year

Last Name First Name MI
Date of Birth: / /
 Mo. Day Year

You must list all occupants. Please attach additional names and census information on a separate sheet.

Attached hereto are copies of the driver's licenses (or other adequate proof of age) of all persons who occupy the Unit.

VERIFICATION

_____ verifies that the statements made in this Occupancy Census are true and correct to the best of his/her/their knowledge, information, and belief and understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Dated: _____

(Signature)

(Print or type name)

(Signature)

(Print or type name)

This form may be mailed or faxed to:
Continental Property Management
975 Easton Road, Suite 102
Warrington, PA 18976
215-343-4409 (fax)