

**\*\*PLEASE PROMPTLY RETURN BY MAIL OR EMAIL - THANK YOU.\*\***

## Owner Information Form

c/o GUD Community Management  
4135 S. Power Road, Suite 122,  
Mesa AZ 85212  
Phone: 480-635-1133 \* [info@gudhoa.com](mailto:info@gudhoa.com)

Community: \_\_\_\_\_

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

Property Address: \_\_\_\_\_ Lot #/Unit#: \_\_\_\_\_

Phone Number (primary): \_\_\_\_\_ CELL HOME WORK (circle one)

Phone Number (secondary): \_\_\_\_\_ CELL HOME WORK (circle one)

Email (primary): \_\_\_\_\_

Email (secondary): \_\_\_\_\_

**Alternate Mailing Address (if applicable) OR  Check if property address is mailing address**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country (if outside of United States): \_\_\_\_\_

Is this the year-round mailing address? (circle one) YES NO

If not, what months is this address used? (circle below) *(please note we do not automatically update your mailing address according to this schedule but we do use this in the event we receive returned mail)*

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

### Authorized Contact Information:

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

Phone Number: \_\_\_\_\_

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

Relation to Owner: \_\_\_\_\_

*Because your community is a membership Association, each member (owner) is expected to comply with the directives set forth in the Covenants, Conditions and Regulations (CC&Rs), the Bylaws, and the Association Rules and Regulations you were digitally provided during the closing process. If you need a copy of said documents, please contact the management company. If this is occupied by anyone other than the owner, it is imperative that a copy of the CC&R's and Association Rules & Regs be made available to the tenant/resident. Any failure by the tenants/resident to follow the Association rules may bring consequences to the owner of the unit. By signing this statement, you are verifying that you received the digital copy of these documents.*

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please fill out this form ONLY if you have a tenant and/or management company\*\***

**TENANT RESIDENT REGISTRATION FORM**

**The following information must be provided each time you have a new or renewed lease:**

**A \$25.00 processing fee will be charged. Mail a check to:  
GUD Community Management 4135 S Power Rd, Ste 122, Mesa, AZ 85212.**

**COMMUNITY NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Lot #/Unit # \_\_\_\_\_

**Property Management Agent: (note: this is not GUD Community Management)**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Names and contact information for all Non-Owner residents living in the unit:**

Tenant Move-in Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Start of Lease: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End of Lease: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Occupant 1:**

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

Phone #: \_\_\_\_\_

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

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_

Vehicle Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**Occupant 2:**

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

Phone #: \_\_\_\_\_

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

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_

Vehicle Plate #: \_\_\_\_\_ State: \_\_\_\_\_

*I acknowledge I have received/read the Rules and Regulations for all owners and residents of the Association, and I agree to abide by all the Rules and Regulations. I acknowledge I have provided the tenants with a copy of the CC&Rs and Rules & Regulations. I further understand that any violation may subject the owner to monetary penalties.*

Occupant 1 Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Occupant 2 Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*I further acknowledge that as the owner of this unit, I must submit this form each time a lease is entered into and each time a lease is renewed.*

Unit Owner's Name Printed: \_\_\_\_\_

Unit Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Landlord/Management Co. Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_