



Chimney Hill Community Association



TENANT INFORMATION FORM

Account Number: _____ CHCA Address: _____

Homeowner's Name(s): _____

HO's Address: _____

HO's Phone Number: _____ HO's Email: _____

Full Names of all family members residing at this address:

NAME(s) OF OCCUPANTS	BIRTHDATE	AGE	MALE/ FEMALE	PHONE#

Summary of Lease Agreement Terms:

- a. Term of Lease Begins on: _____
- b. Length of Term: _____
- c. Term of Lease Ends on: _____

By signing below, I certify that each person on this application is a resident of this address. I further certify that each of these persons will be informed of and will comply with the rules and regulations pertaining to the use of the recreational facilities. I understand these rules are subject to change without notice at the discretion of the Board of Directors. I also agree to accept full responsibility for anyone listed here or any guests and indemnify CHCA for any and all loss incurred for injury, damage, or otherwise by virtue of use of the pool or common areas. Any updates or amendments to the Rules & Regulations will be posted on our website.

Homeowner's Signature

Date

Tenant's Signature

Date