

Four Seasons at Saucon Valley Condominium Association

c/o Corner Property Management

2857 Nazareth Road, Easton, PA 18045-2718

610.791.1600 Phone * help@cp-management.com

Contact Information

The Association must maintain up-to-date records of contact information for homeowners and occupants in the event of an emergency and to facilitate repairs and maintenance. Normally, information and requests are sent to homeowners and residents by mail, e-mail, or published in the Association newsletter. Your contact information will only be used by the Association and not shared with any other entities.

Property Information

Unit Address: _____ Date: _____
Owner Status: Resident Homeowner or Investor Owned (Leased Unit) **check one**

Owner Contact Information

Name(s): _____
Address (if different from above): _____
Home Phone: _____ Work Phone: _____
Cell Number: _____ E-mail Address: _____

Tenant or Additional Occupant Information

Name(s): _____
Home Phone: _____ Work Phone: _____
Cell Number: _____ E-mail Address: _____

Onsite Vehicle Information

Year, Make, Model, Color: _____	License Plate #: _____
Year, Make, Model, Color: _____	License Plate #: _____
Year, Make, Model, Color: _____	License Plate #: _____

Emergency Contact with a Key

Name: _____
Phone Number: _____

The Emergency Contact will only be called if the homeowner and/or resident or tenant cannot be reached in the event of a true emergency (such as a fire or if the unit suffers damage during a storm). Your emergency contact should have a key to access entry to your unit if necessary.

Next of Kin

Name: _____
Address: _____
Phone Number: _____

The Next of Kin Contact will only be called if there is a health emergency involving the unit occupant(s).

THANK YOU FOR YOUR ASSISTANCE AND COOPERATION IN COMPLETING AND RETURNING THIS FORM.
PLEASE CONTACT THE MANAGEMENT OFFICE IF YOU HAVE ANY QUESTIONS.

FOUR SEASONS AT SAUCON VALLEY CONDOMINIUM ASSOCIATION
Age and Occupancy Certification

Four Seasons at Saucon Valley Condominium Association is an age qualified community or "housing for older persons" as defined in Article 42 USC 3607(b)(2)(c) of the Fair Housing Act. In accordance with **Article XXV, Section, 25.01 of the Association's Declaration** and the federal Fair Housing Act, occupants of units shall generally be restricted to the following:

Sign this certificate listing the name(s) and age(s) of the occupant(s) of the unit. You may also be required to show proof of the age(s) of the occupant(s) in order to comply with the terms of the Association's Declaration and the Fair Housing Act.

The undersigned owner(s) of the unit listed below in the Four Seasons at Saucon Valley Condominium Association hereby certifies to the Association, that the occupant(s) of the Unit and their ages are as follows:

_____	_____	_____
Name (Please Print)	Age	Date of Birth
_____	_____	_____
Name (Please Print)	Age	Date of Birth
_____	_____	_____
Name (Please Print)	Age	Date of Birth
_____	_____	_____
Name (Please Print)	Age	Date of Birth

I hereby certify that, under penalty of perjury, the above information is correct.

_____	_____
Owner Signature	Address
_____	_____
Printed Name	
_____	_____
Owner Signature	Address
_____	_____
Printed Name	

THIS FORM IS TO BE SIGNED AND RETURNED UNDER PENALTY OF LAW TO:
Four Seasons at Saucon Valley Condominium Association
c/o Corner Property Management
2857 Nazareth Road, Easton, PA 18045
610.791.1600 Phone * help@cp-management.com

Information should be provided for renter(s) if owner(s) is not occupying unit. This form will be kept in the Association's files and will remain confidential.

This form must be submitted for approval prior to changing the occupants of a Unit at Four Seasons.