COUNTRY PLACE CONDOMINIUM OWNER REGISTRATION

*If leased a copy of your fully executed lease between you and your tenant must be attached to this form along with the attached Country Place lease rider exhibit A. No Leasing of a unit during the first year of ownership!

PROPERTY ADDRESS: ______

Number of bedrooms: 1 { } 2 { } 3 { }

PROPERTY OWNER INFORMATION*

[] Individual Owner [] Partnership [] Corporation or LLC [] Trust agreement

*Partnership, Corporations or LLC and Trust Types- Please attach a separate list containing the names and address of each officer, director, stockholder, trustee(s), or partners.

OWNER NAME:			
OWNER MAILING ADDRESS:			
CITY, STATE, ZIP:			
HOME PHONE:			
CELL PHONE:			
EMAIL:			

OCCUPANT INFORMATION

Residential units are limited to occupancy by single families. Single families shall be defined as a group of individuals living together as a single, non-commercial, non-profit household, cooking, and eating together with a common kitchen and dining area as designated on the building plans of the Township of Egg Harbor building official may occupy a unit. <u>No more than two persons in number per bedroom!</u>

*TENANT: PHONE NUMBER	EMAIL
NAME:	Age:
NAME:	Age:
NAME	Age:
NAME:	Age:

(Signature page on reverse side to be signed by owner)

By signing below, I, the owner of the aforementioned property, hereby affirm and acknowledge that the statements contained in this document are true and correct to the best of my knowledge. I further understand that I have reviewed the Rules and owner Restrictions and understand that I will comply with the terms and conditions outlined.

Signature of Owner

Date

Please return all signed and required documents to:

COUNTRY PLACE CONDOMINIUM ASSOCIATION, INC 6640 Black Horse Pike ADMINISTRATORS OFFICE EGG HARBOR TWP, NJ 08234

Phone: 609-641-7870 Fax: 609-383-3913 Email: office@countryplacecondos.org

FOR OFFICE USE ONLY		
Received: By: _	Date:	
Approved:		
Rejected	Reason:	
For and on behalf of (Country Place Condominium	 Date