



OWNER **RENTER** (*Check One*) LOT #: _____

1st Resident: _____ Date of Birth: _____

2nd Resident: _____ Date of Birth: _____

Relationship: _____ Wedding Date (*if applicable*): _____

Email 1: _____ Email 2: _____

Hm Phone: _____ Mobile: _____

PERMANENT ADDRESS (*If Not The Wells*)

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Phone: _____ Mobile: _____

NEXT OF KIN (*In Case of Emergency*)

Name 1: _____ Relationship: _____

Hm Phone: _____ Wk Phone: _____ Mobile: _____

Name 2: _____ Relationship: _____

Hm Phone: _____ Wk Phone: _____ Mobile: _____

VEHICLE REGISTRATION

Vehicle 1 Make: _____ Model: _____ Yr: _____ State: _____ Plate: _____

Vehicle 2 Make: _____ Model: _____ Yr: _____ State: _____ Plate: _____

PET REGISTRATION

Pet 1 Type: _____ Lbs: _____ Breed: _____ Name: _____

Description: _____ Color: _____

Pet 2 Type: _____ Lbs: _____ Breed: _____ Name: _____

Description: _____ Color: _____

Please Complete Additional Information on Back Side

RENTER'S ACKNOWLEDGEMENT & ACCEPTANCE

Each residential unit in The Wells must be occupied by one (1) person at least fifty-five (55) years of age. No person under forty (40) years of age shall reside in any unit.

All residents and guests of residents must follow the CC&R's and rules of The Wells Home Owners Association. All residents who are renting must provide a copy of a written lease agreement with a rental term no less than 30 days. The copy of the lease agreement must be submitted to the HOA office prior to taking possession of the rental unit.

I have received a copy of The Well's community CC&R's and Rules and Regulations and agree to abide by the them.

Resident 1 Signature: _____ Date: _____

Resident 2 Signature: _____ Date: _____

AFFIDAVIT OF AGE

The undersigned acknowledge that at least of the residents listed are at least fifty-five (55) years of age and that the information contained on the first page of this form is true and accurate. The Wells Office will need copies of any and all official identifications used for this affidavit.

Resident 1 Signature: _____ Date: _____

Resident 2 Signature: _____ Date: _____

STATE OF ARIZONA

SS

COUNTY OF _____

Subscribed and sworn before me this _____ Day of _____, 20____

Notary Public _____ Commissions Expires _____

Notary Signature _____

FOR OFFICE USE ONLY 031111

Received By: _____ Date: _____ [] QB [] Directory [] Gate [] Comm.