



CONFIDENTIAL OWNER/RESIDENT INFORMATION

PROPERTY ADDRESS: _____

PROPERTY IS (check one): **Owner Occupied** **Leased To a Tenant**

Owner Name: _____ Phone: _____ Email: _____

Owner Name: _____ Phone: _____ Email: _____

Owner's Off-Site Address (if applicable): _____

Who is the primary contact in case of an emergency? _____ Phone: _____

RESIDENT INFORMATION (Please list name of ALL tenants)

Tenant Name: _____ Phone: _____ Email: _____

Tenant Name: _____ Phone: _____ Email: _____

Tenant Name: _____ Phone: _____ Email: _____

Who is the primary contact in case of an emergency? _____ Phone: _____

OPT-IN FOR EMERGENCY ALERT SYSTEM

I, _____, would like to receive and authorize the Association to send me an alert in the form of (check all that apply) text voice email message to my cell phone in the event of an emergency. My cell phone number is (____) _____. My email address is _____. I understand that I will continue to receive text/voice/email alerts until such time as I request in writing to stop receiving them. I agree and understand that the Association is under no obligation to issue such texts, calls or emails and that the Association will be liable for any damages or injury that may result in an emergency on grounds that a text was not sent or received.

Lease Term: 1 Year 6 Month Other **Start Date:** _____ **Expiration Date:** _____

DIRECTORY INFORMATION:

Name (Company or Personal) to be Programmed for Entry System: _____

Phone Number to be Programmed: _____ or _____

VEHICLE INFORMATION:

PARKING SPACE NUMBER(S) _____ **&** _____

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

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

PET INFORMATION:

Are there pets in the Unit? YES NO If yes, # of pets: _____

Pet #1: Dog or Cat **Name:** _____ **Breed:** _____ **Weight:** _____

Pet #2: Dog or Cat **Name:** _____ **Breed:** _____ **Weight:** _____

INSURANCE REQUIREMENTS

Renter's Insurance: Prior to receiving possession of the Unit and membership privileges, Tenant shall furnish the Association with a certificate of insurance evidencing (i) a renter's insurance policy with appropriate limits to cover Tenant's personal property within the Unit and (ii) personal liability coverage of not less than \$100,000 per occurrence. (Reference Section 10 of the Lease Addendum)

Mover's Insurance: Prior to any move, the moving company must supply the Association with a current Certificate of General Liability and Workers' Compensation Insurance for a minimum of \$1,000,000 before any move may start. The Certificate must name Barker Block HOA as an additional insured with the address: (510 or 530) S. Hewitt Street or 527 S. Molino Street, Los Angeles, CA 90013.

Mover's insurance certificates must be submitted at least 48-hours prior to the move date.

Owner Signature: _____ **Resident Signature:** _____