



NEW RESIDENT REGISTRATION FORM

ADDRESS: _____

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

Owner Name: _____ Phone: _____ Email: _____

Owner Name: _____ Phone: _____ Email: _____

RESIDENT INFORMATION (Please list ALL on-site residents)

Tenant Name: _____ Phone: _____ Email: _____

Tenant Name: _____ Phone: _____ Email: _____

Emergency Contact: _____ Relationship _____ Phone: _____

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

OPT-IN FOR HOA NOTIFICATIONS

I would like to receive and authorize the Association to send me notifications in the form of (check all that apply)
 Text Voice Email. I understand that I will continue to receive notifications until I request in writing to stop service.

DIRECTORY INFORMATION:

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

Phone Number(s) to be Programmed: _____ & _____

VEHICLE INFORMATION:

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: Before 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: Before 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 48 hours before the move date.

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