

EquinoxONE®

PO Box 6147
Chandler, AZ. 85246
Toll Free: 1 (888) 683-7770

Association Name: _____

Association Landlord & Tenant Information Disclosure Form

Date: _____

- This Association has a policy concerning Homeowners who lease their property.
- You must complete and return this form and remit a \$25 administrative fee made payable to your Association within 15 (fifteen) days of the above date.
- This form must be completed for each new tenant.
- Failure to submit this form or submission of forms with incomplete or missing information pursuant to ARS § 33-1806.01 will result in a \$15.00 penalty assessed to your account.

Homeowner (landlord) Name: _____

Address of Leased Home: _____ Lot # _____

Alternate Address for Landlord: _____

Is this property listed with the City as a Residential Rental Property for Tax Purposes? YES _____ NO _____

If you have questions regarding this form, please call (480) 705-4046 Extension 5

PLEASE PRINT!

HOA Name _____

Address of Leased Home: _____ Lot # _____

Primary Lease Holder - Occupant #1 (listed on the lease): _____

Occupant # 2 Tenant #2 Name: _____

Beginning Lease Date: _____ Ending Lease Date: _____

I have read and agree to abide by the CC&R's and Rules and Regulations for this Planned Community:
(Available at www.HOApertymanagement.com)

Signature of Primary Lease Holder: _____

Vehicle Description

Total Number of Vehicles: _____

1. Year _____ Make _____ Plate #: _____

2. Year _____ Make _____ Plate #: _____