## THE WOODLANDS HOMEOWNERS ASSOCIATION, INC.

## HOMEOWNER QUESTIONNAIRE

Please take a few minutes to provide us with this information so that we may better serve the needs of your community. This information is for confidential internal use only.

| Owner Name (s):                 |   |  | Date:  |                              |  |
|---------------------------------|---|--|--|------------------------------|--|
| Unit Address                    | :                                       | [ ] Rental unit                                      | Maura in Datas   |                              |  |
| [ ] Owner o                     | occupied unit                           | [ ] Kentai unit                                      | Move-in Date:  |                              |  |
| Telephone: Home:                |   | Cell:  | Work:  | Work:                        |  |
| Email:                          |   |  |  |                              |  |
|                                 |   | <u> </u>   | tionship (e.g. spouse, tenant):  |                              |  |
| Alternate Ade<br>also provide e | dress (e.g., your a<br>dates away and w | ddress if this is a rental<br>inter telephone number | unit, or your winter address if y<br>s):   | ou are away for the winter - |  |
| Mortgagee (ii                   | f unit is mortgage                      | d):  |  |                              |  |
| Resident Veh<br>Make            |   | ear:   | Plate# & State:  |                              |  |
| Make/Model/Color/Year:          |   | ear:   | Plate# & State:  |                              |  |
| Number & ty                     | pe of Pets (breed)                      | :  |  |                              |  |
|                                 |   | ct person (or two) who shergency when residents      | should know the whereabouts of s are not at home.  | f the residents and/or has a |  |
| Emergency C                     | Contact Person #1:                      | ·  |  |                              |  |
| Address:                        |   |  |  |                              |  |
|                                 |   |  | Cell:  |                              |  |
| Emergency C                     | Contact Person #2:                      |  |  |                              |  |
| Address:                        |   |  |  |                              |  |
| Telephone:                      | Home:                                   | Work:  | Cell:  |                              |  |
|                                 | Please mail or                          | r fax the completed qu                               | estionnaire at your earliest co  | nvenience to:                |  |
|                                 |   | 1800 Hudso<br>Roches<br>Telephon                     | ormance Group, Inc.<br>n Avenue, Suite 100<br>ster, NY 14617<br>ne (585) 225-7440<br>585) 225-7630 |                              |  |