

HILLSBORO COVE 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: _____

[] Owner occupied unit [] Rental unit Move-in Date: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email: _____

Names of All Residents:	Relationship (e.g. spouse, tenant):	Telephone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alternate Address (e.g., your address if this is a rental unit, or your winter address if you are away for the winter - also provide dates away and winter telephone numbers): _____

Mortgagee (if unit is mortgaged): _____

Address of mortgagee: _____

Resident Vehicles:

Make/Model/Color/Year: _____ Plate# & State: _____

Make/Model/Color/Year: _____ Plate# & State: _____

Number & type of Pets: _____

Please provide us with a contact person (or two) who should know the whereabouts of the residents and/or has a key to the unit in case of an emergency when residents are not at home.

Emergency Contact Person #1: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Emergency Contact Person #2: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Please mail or fax the completed questionnaire at your earliest convenience to:

**Realty Performance Group, Inc.
1800 Hudson Avenue, Suite 100
Rochester, NY 14617
Telephone (585) 225-7440
fax (585) 225-7630**