

Owner Information Update Form

Please complete fully. Use back if necessary. Please print clearly.

1. Print Name(s) of Property Owner(s) that are on the Property Deed. Must be on Deed.

| Name | Lazy Days Address | Phone Number(s) | Email |
|------|-------------------|-----------------|-------|
| | | | |
| | | | |
| | | | |

| Non-Resident Address | Non-Resident Phone Number |
|----------------------|---------------------------|
| | |
| | |

2. Are you a Shareholder? _____ YES _____ NO
 If YES, are all owners on the Share? _____ YES _____ NO

3. Is the property held in a Trust? _____ YES _____ NO
 If YES, name of Trustee _____

4. Is there a Power of Attorney (POA) in place? _____ YES _____ NO
 If YES, name and phone number of agent for POA _____

If property is in Trust or there is a Power of Attorney in place, please provide copy of the legal documents showing who has the right to occupy the unit.

5. Is there a caregiver present? _____ YES _____ NO. IF YES _____ FULL TIME
 _____ PART TIME. Did caregiver pass screening? _____ YES _____ NO

6. Are you here full-time? _____ YES _____ NO If NO - what months are you present at Lazy Days Village? _____

Do you have someone watching your home while you are away?

| Name | Phone Number | Email Address |
|------|--------------|---------------|
| | | |

If you are not full-time at Lazy Days – do you want any correspondence from Lazy Days sent to your non-resident address? _____ YES _____ NO

7. Is a person living in the home who is not on the deed? _____ YES _____ NO
 If YES, information below. Also, did person pass background check? _____ YES _____ NO

| Name | Phone Number | Email Address |
|------|--------------|---------------|
| | | |

8. Do you rent your unit? Check one – YES ___ or NO ___ If yes, length of rental _____

| Renters Name | Phone Number | Email Address |
|--------------|--------------|---------------|
| | | |
| | | |

9. Vehicles on site year-round _____

Vehicles on site when resident not present _____

10. Pet Information – type, weight and name of pet(s) _____

11. Property Owner Emergency Contact(s)
Name, Address, Cell Phone Number, Relationship

12. Do you have a storage unit _____ YES _____ NO
Do you use it year-round _____ or seasonally _____

I (we) certify that the above information is true and correct. If it is found that I (we) are not on the deed to the property, I (we) agree to undergo resident screening which could include background and credit checks with all appropriate charges.

Owner Signature

Date

Printed Name

Owner Signature

Date

Printed Name

Please include all supporting documentation when you return this form. Thank you.