

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. Vehicle Information:

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

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.