## The Cape Condominium Association Owner Information Sheet

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Name(s): Address/Unit # Cell Phone: Cell Phone: work/Other: Email: 2nd Email: Of/site Address			_
Home Insurance:	Company:Phone:Policy #:		
Vehicle 1: Make _	Model Plate #		
Vehicle 2: Make _	ModelPlate#	······································	
Does the owner re	side (or plan to reside) in the Unit?	Yes	No
	not reside (or plan to reside) in the Unit, occupied by someone else?	Yes	No
	oing to be occupied by the Owner, Occupant's information below:		
(s/will the above O	eccupant be paying rent to the Owner?	Yes	No
(3) Owner's Emer or Occupant's, if not ( Name(s): Telephone: Relationship:	gency Contact Information:  Dwner-occupied):		

Lease must be approved prior to move in.