



OCCUPANCY FORM

Owner's Information

Unit Address		
Name of Owner(s)		
Owners Off-Site Address <i>If Applicable</i>		
Owner's Home Phone Number		
Owner's Work Phone Number		
Owner's Cell Phone Number		
Owner's Email Address		
Car #1 (Make, Model, and Year)		Plate No.
Car #2 (Make, Model, and Year)		Plate No.
Parking Permit Tag No.		
Parking Space No.		

CHECK THIS BOX IF YOUR UNIT IS **NOT** CURRENTLY BEING RENTED

Emergency Contact Information

Name	
Relationship	
Home Phone	
Mobile Phone	
Address	

Renter(s) Information – If Applicable

Name of Renter(s)		
Renter(s) Home Phone Number		
Renter(s) Work Phone Number		
Renter(s) Cell Phone Number		
Renter(s) Email Address		
Car #1 (Make, Model, and Year)		Plate No.
Car #2 (Make, Model, and Year)		Plate No.

Animals Onsite

Name	Species/Color	Weight

If you have more pets, please list their information on the reverse side of this form

I have provided my tenant(s) copies of the governing documents as well as the Rules & Regulations for the Homeowners Association.

SIGNATURE: _____ **DATE:** _____

Please Return This Form To:
 65 Washington St., Suite 268, Santa Clara, CA 95050 Fax: (888) 959-7640 helpdesk@graysoncm.com