

**Marlborough Condo Association**

<b>REQUIRED TENANT INFORMATION FORM</b>	UNIT # _____
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Failure to submit this completed form and a copy of your signed lease within 30 days of move-in date will result in a recurring monthly fee of \$25.00.

MOVE-IN DATE: _____	TERM OF LEASE: _____
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<b>CONTACT INFORMATION</b>	<b>LESSEE 1</b>	<b>LESSEE 2</b>
	FIRST NAME: _____	FIRST NAME: _____
	LAST NAME: _____	LAST NAME: _____
	HOME PHONE (    ) _____ - _____	
	CELL PHONE: (    ) _____ - _____	CELL PHONE: (    ) _____ - _____
	WORK PHONE: (    ) _____ - _____	WORK PHONE: (    ) _____ - _____
EMAIL: _____	EMAIL: _____	

<b>OTHER OCCUPANTS</b>	NAME	AGE	RELATIONSHIP

<b>PETS</b>	<b>FOR FIRST RESPONDERS IN CASE OF EMERGENCY</b>	
	TYPE: (cat, dog, etc.)	NAME

<b>EMERGENCY INFORMATION</b>	<b>LESSEE 1</b>	<b>IN CASE OF EMERGENCY, NOTIFY:</b>	<b>LESSEE 2</b>
	NAME: _____	NAME: _____	
	RELATIONSHIP: _____	RELATIONSHIP: _____	
	ADDRESS: _____	ADDRESS: _____	
	PHONE: (    ) _____ - _____	PHONE: (    ) _____ - _____	
	<b>Special Assistance Required in Case of Emergency?</b>		
	NAME OF OCCUPANT: _____		
REASON FOR ASSISTANCE: _____			

<b>Marlborough Condo Association Rules &amp; Regulations Acknowledgement</b>	
I acknowledge that I have read the Rules and Regulations. I understand that a violation of the Rules and Regulations shall be deemed a violation of the terms of the Marlborough Condominium Association's Declaration.	
<b>LESSEE 1</b>	<b>LESSEE 2</b>
PRINT NAME: _____	PRINT NAME: _____
SIGNATURE: _____ DATE: __/__/__	SIGNATURE: _____ DATE: __/__/__

Submit this completed form and signed lease to: [marlboroughcondoportland@gmail.com](mailto:marlboroughcondoportland@gmail.com)

**FOR MCA OFFICE USE ONLY**

OWNER NAME \_\_\_\_\_ COMPLIANT LEASE ON FILE \_\_\_\_\_ MOVE-IN FEE PAID \_\_\_\_\_

OWNER PHONE \_\_\_\_\_ LEASE EXPIRATION \_\_\_\_\_

NOTES: