



Blue Horizon Management Company

# HOA Homeowner Information Update Form

Dear Homeowner(s),

To provide you with quality service (and in case of an emergency), we kindly ask for your contact and unit resident information. This information will be held in strict confidence and will not be shared with any 3<sup>rd</sup> party.

Send completed form to:

 [hoa@bluehorizonmanagement.com](mailto:hoa@bluehorizonmanagement.com) (preferred method for faster processing)

 Blue Horizon Management Co., 2020 Alameda Padre Serra, Suite 220, Santa Barbara, CA 93103

## Unit Information

Association Name:	
Full Unit Address:	
Mailing Address <i>(if different):</i>	

Unit Status: <i>(check all applicable statuses)</i>	<input type="checkbox"/> Owner-Occupied, Full-Time <input type="checkbox"/> Owner-Occupied, Part-Time (i.e., vacation home) <input type="checkbox"/> Rented, Entire Unit <input type="checkbox"/> Rented, Partial Unit (i.e., room rented) <input type="checkbox"/> Other: _____
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## Legal Homeowner Information

<p><b>(Required)</b> <b>Select One (1) Primary Contact</b></p> <p style="text-align: center;">↓</p>	<p><i>Please list the persons or entities who are financially responsible for this unit.</i></p> <p><i>On the left-hand column, select one (1) entity who will be the Priority Contact on this account. The Primary Contact will receive monthly statements, Association mailers, and will be the first party contacted for any issues by Blue Horizon Management Company.</i></p> <p><i>On the right-hand column, select line items that you would like <u>excluded</u> from the published Association Homeowner Directory. By default, all (unchecked) items are included in the directory, which can be distributed to the membership.</i></p>	<p><b>(Optional)</b> <b>Select Items to Exclude from the Association's Homeowner Directory</b></p> <p style="text-align: center;">↓</p>	
<b>Legal Homeowner #1 (On Title)</b>			
<input type="checkbox"/>	Name of Owner:		<input type="checkbox"/>
	Company Name:		<input type="checkbox"/>
	Cell Phone:		<input type="checkbox"/>
	Home Phone:		<input type="checkbox"/>
	Work Phone:		<input type="checkbox"/>
	E-Mail:		<input type="checkbox"/>
<b>Legal Homeowner #2 (On Title)</b>			
<input type="checkbox"/>	Name of Owner:		<input type="checkbox"/>
	Company Name:		<input type="checkbox"/>
	Cell Phone:		<input type="checkbox"/>
	Home Phone:		<input type="checkbox"/>
	Work Phone:		<input type="checkbox"/>
	E-Mail:		<input type="checkbox"/>
<b>Other Legal Contact/Representative</b>			
<input type="checkbox"/>	Name:		<input type="checkbox"/>
	Cell Phone:		<input type="checkbox"/>
	Other Phone:		<input type="checkbox"/>
	E-Mail:		<input type="checkbox"/>
	Address:		<input type="checkbox"/>
	Relationship to Owner(s):	<input type="checkbox"/> Property Manager <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Executor of Trust	<p><b>REQUIRED:</b></p> <p>Please Attach Evidence of Authority (Management Agreement, POA, or Trust)</p>

## Other Occupancy Information

*Please list the non-owner occupants of this unit.*

	Non-Owner Occupant #1	Non-Owner Occupant #2	Non-Owner Occupant #3
Name:			
Move-In Date:			
Relation to Owner:			
Cell Phone:			
Home Phone:			
Office Phone:			
E-Mail:			

### **Emergency Contact**

Name:	
Address:	
Phone:	
E-Mail:	
Relation to Owner:	

### **Animals**

Name:	
Type/Breed:	
Weight:	
Name:	
Type/Breed:	
Weight:	

### **Vehicle Information**

*Please list resident vehicles that will be parking in the complex. Listing vehicles below is not a substitute for obtaining any necessary parking permits as set for in your Association's Governing Documents and/or Rules & Regulations.*

	Vehicle #1	Vehicle #2	Vehicle #3
Make:			
Model:			
Color:			
License Plate #:			
Space or Permit # <i>(If Applicable):</i>			

This form must be signed to be accepted. By signing below, I confirm that:

I am a legal Homeowner, or a legal Representative, of this unit and the information provided on this form is accurate.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_