

HOMEOWNER CENSUS FORM

DATE: _____

1. Owner(s) of Record: _____

Phone Number: _____ Cell Phone _____

Email _____

2. Address: _____

3. Permanent Residents: _____
(If different from above)

4. If home is leased,
Name of Lessees _____

Dates of Lease _____

5. Number of Vehicles _____

Make & License Plate # _____

6. Age Designation: The below signature confirms that a qualifying person owns/resides at this address in compliance with the Age Restricted Community Guidelines in the State of New Jersey.

Qualifying Resident Signature

IN CASE OF EMERGENCY, PLEASE NOTIFY: (Someone local, if possible)

NAME & PHONE # OF NEIGHBOR WITH YOUR HOUSE KEY IN CASE OF EMERGENCY

PLEASE FILL OUT AND RETURN TO OFFICE AS SOON AS POSSIBLE