LEISURE VILLAGE ASSOCIATION, INC.

LEASING LEISURE VILLAGE PROPERTY
Lease Extension (Month to Month)

The undersigned owner(s) will be leasing their home at _____ for:

☐ A minimum of 30 days (or month-to-month) _____to_____.
☐ For an extended period of time. From _____to_____.

Tenants Name:

1)_____

2)_____

3)_____

4)_____

Owners Signature:

1)_____

2)_____

200 Leisure Village Dr., Camarillo, CA 93012-6802 PH (805) 484-2861 Fax (805) 987-9069

Leisure Village Association (LVA)
Association Information Form (AIF) – Tenant

Please use this form to update yours and your spouse's information only. Addition tenants need their own form.

Place a line through areas you do not wish to have changed. Failure to do so will result in blank fields on this document being removed from your account. All persons listed must be on a lease or other document provided by the owner as having permission to reside in the home.

Unit Address: _____
(Unit to be updated)

☐ **UNIT IS VACANT (remove all occupants)**

TENANT NAMES (Max 2 per form. Additional tenants, non-spouses, or owners occupying need to fill out their own form)

First: _____ **Last:** _____ **Date of Birth:** _____

Home Phone: (____)_____ Cell Phone: (____)_____ Email: _____

☐ **REMOVE THIS OCCUPANT (The above occupant will be removed from this address)**

First: _____ **Last:** _____ **Date of Birth:** _____

Home Phone: (____)_____ Cell Phone: (____)_____ Email: _____

☐ **REMOVE THIS OCCUPANT (The above occupant will be removed from this address)**

Please list prior or current Leisure Village Association addresses you have been associated with.
(This is to help with accessing the online resident portal)

Unit Address: _____ **Email:** _____ **Active? YES** ☐ **NO** ☐

Unit Address: _____ **Email:** _____ **Active? YES** ☐ **NO** ☐

PRIMARY MAILING ADDRESS ☐ **check here if same as LVA Unit Address above.**

Street Address: _____ **Unit#:** _____

City: _____ **State:** _____ **Zip Code:** _____

PERSONS TO BE NOTIFIED IN AN EMERGENCY **(Legal Representative, POA, ect.)**
(They will have access to your property if you are incapacitated or other extended absence, contact the Association office for further information)

1. **First:** _____ **Last:** _____

Home Phone: (____)_____ Cell Phone: (____)_____ Relationship: _____

2. **First:** _____ **Last:** _____

Home Phone: (____)_____ Cell Phone: (____)_____ Relationship: _____

SIGNED: _____

PRINT NAME: _____ **Date:** _____

Return Form to: Leisure Village Association 200 Leisure Village Dr. Camarillo, CA 93012