

**Candlewood Ridge/Carriage Wood Homeowners' Association
Annual Owner Registration Form**

1. Property Account Number: _____

2. Property Address:

_____ Street Address _____ City _____ State _____ Zip

3. Names of all legal property owners: Owner #1: _____
(add more on back if needed*) Owner #2: _____

****if there are more than two owners, please provide the following information for the additional owners on the reverse of this form next to their names:**

4. Where do the owners of this property live? (check the applicable boxes)

Owner #1 At the property Off-site

Owner #2 At the property Off-site

5. Where should the Association send your mail? To property To an off-site address (list the address below)

_____ Street Address _____ City _____ State _____ Zip

6. List the phone numbers and email addresses for all owners, as applicable:

	<u>Home</u>	<u>Work</u>	<u>Cell</u>	<u>E-mail</u>
Owner #1:	_____	_____	_____	_____
Owner #2:	_____	_____	_____	_____

7. IN CASE OF EMERGENCY: In case of an emergency situation (fire/flood/police activity/etc), please provide a local emergency contact that could come in person, if a property owner cannot be contacted:

Name: _____ Phone #: _____ Relationship: _____
Name: _____ Phone #: _____ Relationship: _____

Please sign and date this form below and return it to:

By mail: **CR/CW HOA, PO BOX 58397, Renton WA 98058**

By email: **admin@crcwhoa.org**

Thank you for your cooperation.

Owner #1 Signature _____ Date _____

Owner #2 Signature _____ Date _____

ATTENTION

If the property is being operated as an Adult Family Home, please fill out the Resident and Staff Information section. An updated form should be submitted if/when residents or staff change. Failure to comply may result in fines being levied against you and your property, until current Resident and Staff Information is received.

Annual Adult Family Home Information

1. If the property is currently being operated as an Adult Family Home under RCW 70.128, please list all the adults living at the property including their name(s). If there are more than 4 residents, please provide the following information for all additional residents on the reverse of this form.

Name Resident #1: _____

Name Resident #2: _____

Name Resident #3: _____

Name Resident #4: _____

2. List the phone numbers and email addresses for all adult residents, as applicable:

	<u>Home</u>	<u>Work</u>	<u>Cell</u>	<u>E-mail</u>
Resident #1:	_____	_____	_____	_____
Resident #2:	_____	_____	_____	_____
Resident #3:	_____	_____	_____	_____
Resident #4:	_____	_____	_____	_____

3. If the owner does not reside at the property, please provide the name and contact information of a supervisor/manager who will be onsite at the property and who could be contacted in the event of an emergency.

Main Contact Phone Number for AFH: _____

Supervisor Name #1: _____

Supervisor #1 Cell Phone: _____ E-mail _____

Name Supervisor #2: _____

Supervisor #2 Cell Phone: _____ E-mail _____

**Adult Family Home
Rules and Regulations Acknowledgement**

Date: _____

I (We), _____, the owner(s) of property located at _____, do hereby acknowledge that I(we) have referred the Residents and Staff of the Adult Family Home to the CR/CW HOA governing documents at www.crcwhoa.com and that they agree to follow all CR/CW HOA governing documents shown on the HOA webpage.

Owner(s) Signature(s)