

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 crcwhoa@ciramail.com and that they agree to follow all CR/CW HOA governing documents shown on the HOA webpage.

Owner(s) Signature(s)