

LEISURE VILLAGE  
ASSOCIATION INFORMATION FORM  
(See reverse side for instructions)

NEW MOVE IN \_\_\_\_\_  
UPDATE \_\_\_\_\_

**A. LEISURE VILLAGE ADDRESS:**

1. \_\_\_\_\_ **PHONE** \_\_\_\_\_

B. IS THIS RESIDENCE LEASED? YES \_\_\_ / NO \_\_\_ LEASE DATE \_\_\_\_\_ / \_\_\_\_\_

C. LEGAL OWNER \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**D. INDIVIDUALS RESIDING AT ABOVE ADDRESS:**

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>PHYSICAL IMPAIRMENT</u> (See reverse side)
-------------	----------------------	--

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

E. LISTING FOR TELEPHONE DIRECTORY: \_\_\_\_\_

NAME(S) \_\_\_\_\_ / \_\_\_\_\_

**THE FOLLOWING INFORMATION IF OPTIONAL:**

F. PERSON(S) TO BE NOTIFIED IN AN EMERGENCY: (FAMILY MEMBER OR LVA FRIEND OR NEIGHBOR)

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>
-------------	----------------	---------------------

1. \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

2. \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

3. PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

4. CLERGY \_\_\_\_\_ PHONE \_\_\_\_\_

G. LIFE-LINE: YES \_\_\_ NO \_\_\_

H. PETS: BREED \_\_\_\_\_ NAME \_\_\_\_\_ BREED \_\_\_\_\_ NAME \_\_\_\_\_