

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

Please use this form to update owner information for a single mailing address. Owners with different mailing addresses should provide a separate form.

Place a line through areas you do not wish to have changed. Failure to do so will result in blank fields being removed from your account.

Unit Address: _____ **Name on Title:** _____
(Unit to be updated) (If trustees are not listed on the deed, supporting documents must be attached)

owner-occupied Rental Vacant Family Occupied (non-owner living at home, no lease agreement)

OWNER NAMES (Max 2 owners per form. Additional owners / owners living at different addresses fill out additional form)

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

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

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

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

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

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

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

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**

SECONDARY MAILING ADDRESS (Optional per Civil Code, Section 4041. Allows an owner to receive specific and limited Association Documents and Notices at a secondary mailing address and / or email pursuant to Article 7 (commencing with Section 5300) of Chapter 6, Article 2 (commencing with Section 5650) of Chapter 8, and Section 5710.

Addressee: _____ **Relationship:** _____

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

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

Email Address: _____

PERSONS TO BE NOTIFIED IN AN EMERGENCY (Legal Representative, POA, ect.)

(They may 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