## Oaknoll Condominium Association, Inc.

300 McCloud Avenue, Thousand Oaks, CA 91360 805-495-8111

## Residency Application 2024 SPECIAL NOTES:

Oaknoll is an age restricted community. The primary resident MUST be at least 55 years of age and capable of living independently, except as permitted by law. In order to verify compliance with the age restriction, ALL applicants (owners and renters) MUST personally deliver the application directly to the Oaknoll office. All applicants MUST bring their driver's license, California ID or Passport, with current photograph, to the Oaknoll Office at the time the application is submitted.

Oaknoll is NOT an Assisted Living facility. The Association DOES NOT provide assistance in any form to any resident for any reason.

This form MUST be returned by the APPLICANT with a signed lease agreement to the Oaknoll Condominium Association office. Please call the office to make an appointment AT LEAST seven (7) days prior to the expected move-in date. The Governing Documents of the Association require the Board of Directors to review and approve ALL applicants BEFORE the applicant takes possession of a unit. The processing fee is due at the time the form is submitted. Incomplete forms are AUTOMATICALLY DENIED.

Expected move-in date:						_ \$150.00 Processing fee paid:					
Address of unit:						Carport #:					
Unit	to be:	Owne	er-Occupie	d:	L	easing:					
#1 Resident's name:						email:					
Home phone #:						Age:		Date o	of Birth:		
Cell	phone #:										
#2 Resident's name:						email:					
Cell	phone #:								_		
									of Birth:		
Cell	phone #:										
						email:					
Home phone #:						Age:		Date of Birth:			
If you are leasing, are you related to the owner						Yes:		No:			
If "Ye	es", what	is your ı	relationshi	p? (Parent,	Grai	ndparent, si	bling?):	*****	******		
									the resident directory.		
#1 V	ehicle:										
	ſ	Make	Model	Co	olor		License	#	Oaknoll Sticker #		
#2 V	ehicle:	Malia	Madal	0-	olor		Liaanaa	. 11	Oplinali Chiglian II		
	ı	Make	Model	Cc	olor		License	<del>;</del> #	Oaknoll Sticker #		
Pet: Species/bre		breed		Weight		License #			Rabies Vaccination date		
Pet:	-,			3							
	Species/	breed		Weight		License #			Rabies Vaccination date		
				IN CASE O	FEM	IERGENCY, C	CONTACT	:			
NAME			PHONE #			ŧ		F	RELATIONSHIP		
NAME			PHONE #					RELATIONSHIP			

NOTE: ALL information submitted shall be used for office business ONLY.

<sup>\*</sup>Please note, owners and residents shall be jointly and severally liable for any damage to common areas including elevators, stairways, walkways and railings which occur during move-in & move-out.

Buying as an Off-site Owner:									
Owner(s) Name(s):	Please print	Phone #:							
Mailing address:	Please print								
Resident Statement									
	Please print	, as new residents at Oaknoll							
Condominium Association (Oaknoll), residing at									
Signed:		Date:							
Signed:		Date:							
Landlord Statement									
Condominium Association	Please print	, as property owners at Oaknoll							
Condominium Association (Oaknoll), unit #									
Signed:		Date:							
Signed:		Date:							
Mailing address:	Pleaso	e print							
Phone #:	Alt. #:	E-mail Please print							
Office Use:									
Proof of age verified:	Office staff s								
Board of Directors APPR		Date: ber's signature							