

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

**SPECIAL NOTES:**

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.**

(over)

Buying as an Off-site Owner:

Owner(s) Name(s):

Please print

Phone #:

Mailing address:

Please print

Resident Statement

I/We

Please print

, as new residents at Oaknoll Condominium Association (Oaknoll), residing at

Please print unit address

hereby confirm that **I am capable of living independently in every manner, to the extent the law requires,** and agree to comply with all Oaknoll By-laws, Ground Rules, Covenants, Conditions & Restrictions (CC&R’s). **I/We understand that failure to do so will result in penalties, including but not limited to monetary and loss of use of common area facilities,** as designated by the Board of Directors of Oaknoll.

Signed:

Date:

Signed:

Date:

Landlord Statement

I/We

Please print

, as property owners at Oaknoll Condominium Association (Oaknoll), unit #

Please print unit address

, hereby Confirm that **the above noted applicant is capable of living independently in every manner, to the extent the law requires,** and certify that I/we have provided our tenants with a copy of the Oaknoll CC&R’s and Ground Rules and made every effort to ensure they understand all Oaknoll policies. Furthermore, I/We understand that as owners, I/We are ultimately responsible for any violations of the Governing documents that occur and are subject to any penalties, including, but not limited to monetary penalties designated by the Board of Directors of Oaknoll.

Signed:

Date:

Signed:

Date:

Mailing address:

Please print

Phone #:

Alt. #:

E-mail

Please print

Office Use:

Proof of age verified:

Office staff signature

Office #805-495-8111

Date:

Board of Directors APPROVAL:

Board member’s signature

Date: