

**NEW OWNER/RENTER/OCCUPANT APPLICATION** Date \_\_\_\_\_

Previous Owner: \_\_\_\_\_

If Renting Show dates from \_\_\_\_\_ to \_\_\_\_\_

Lot # \_\_\_\_\_ Address \_\_\_\_\_

**(2 PERSONS PER HOUSEHOLD ONLY)** Initial \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Name of Applicant (s) 1. \_\_\_\_\_ 2. \_\_\_\_\_

Date of Birth 1. \_\_\_\_\_ 2. \_\_\_\_\_

Wedding Anniversary MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ Proof of Age Document: \_\_\_\_\_

Phone Number 1. \_\_\_\_\_ 2. \_\_\_\_\_

Include in Directory Yes No Yes No

Original City/St 1. \_\_\_\_\_ 2. \_\_\_\_\_

Email Address 1. \_\_\_\_\_ 2. \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

City State Zip

**PETS: *One pet allowed under 30#'s*** Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Breed: \_\_\_\_\_ Tag #: \_\_\_\_\_ Weight: \_\_\_\_\_

**Provide proof of Weight \_\_\_\_\_ and Vaccination \_\_\_\_\_ from Veterinarian** Vaccination expires: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME Relationship PHONE

ADDRESS CITY STATE ZIP

**COMPLIANCE AGREEMENT:** In applying for membership in TVHOA, I (we) understand that Tippecanoe Village is exclusive housing for persons 55 and older. I (We) have received, and agree to abide by the Covenants, Restrictions and By-laws of TVHOA, Inc. The association shall have the right to enforce the Covenants, Restrictions and By-laws by any appropriate means, including legal action. I (We) certify that the information supplied above is true and correct.

X

Owner

X

Co-Owner

**TIPPECANOE VILLAGE HOMEOWNERS' ASSOCIATION, INC.**