HOMEOWNERS ASSOCIATION OF
GATEWAY GARDENS

NEW HOMEOWNER APPLICATION

Names of Homeowners: _____

Address in Gateway Palms: _____ Lot #_____

Will you be living here full time? ____ Yes ____ No

If not living here full time what is your other address? _____

Which address should the HOA send mail to? _____

Contact Information:

Name: _____ Cell: _____ Email: _____

Name: _____ Cell: _____ Email: _____

Home must be owner occupied. See Article XII, Amendment transfer of ownership and leasing document.

Children living with you in this home: How Many: _____ Ages: _____

Adults living with you in this home:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone Number: _____

Pets: (only 2 allowed)

Type of Pet: _____ Weight: _____ Color: _____

Type of Pet: _____ Weight: _____ Color: _____

_____ _____

Owner Signature Date Owner Signature Date

Revised: January 2019

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