

Renter Move In / Registration Checklist

- Copy of lease or letter from landlord/rental agent acknowledging residency
 - o Mandatory Pest Control policy must be included
- Copy of photo identification of all renters
- Registration (\$25 fee)
 - o Registration Form
 - o Vehicle Registration (car, moped, bicycle, surfboard)
 - Stickers
 - o FOB Registration (\$50 refundable deposit)
 - receipt
 - enter into EZ Unit
 - Rental Agent provided (y/n)
 - How many keys may renter have? _____
 - o Email Registration (newsletters, notifications)
- Permission to Sign (y/n)
- Permission to Enter (y/n)
- Elevator Deposit (\$100 refundable deposit)
- Rental Agent Update Form

Name(s): _____

Move in: _____ Move out: _____

Car Registration Sticker # _____

Moped/Bicycle# _____

Elevator Deposit Rec'd: _____

FOB #: _____

Manager Signature: _____

Date: _____

UNIT: _____

❖ **RENTER INFORMATION** *(renters fill out only)*

Renter's Name: _____ Renter's Email Address: _____

Renter's Number: (HOME) _____ (BUSINESS) _____ (CELL) _____

Renter's Move in Date: _____ Renter's Move out Date: _____

Is lease month to month? YES NO

Renter's Emergency Contact: (NAME & NUMBER) _____

Renter's Emergency Contact: (NAME & NUMBER) _____

Renter's Doctor: (NAME & NUMBER) _____

Occupants related to renter (i.e. renter's relatives & friends):

1. (NAME, NUMBER & EMAIL) _____

2. (NAME, NUMBER & EMAIL) _____

3. (NAME, NUMBER & EMAIL) _____

4. (NAME, NUMBER & EMAIL) _____

5. (NAME, NUMBER & EMAIL) _____

Please make note of any special circumstances that management should be aware of:

Do you give permission to enter your unit?

YES

NO

(During emergency situations we have a right to enter.)

Do you give staff permission to sign for mail?

YES

NO

Would you like the newsletter emailed to you?

YES

NO

If so, to what email address ? _____

UNIT: _____

❖ **VEHICLE INFORMATION**

✓ Owner of the Vehicle: _____ Stall#: _____

Are you renting this stall from another resident? YES NO *If so, who?* (NAME & UNIT) _____

Type of Vehicle: Automobile Motorcycle Bicycle Moped

Make (i.e. Ford, GMC): _____ Year/Model/Color: _____

License: _____ Permit Number: _____

Auto Insurance company name: _____

✓ Owner of the Vehicle: _____ Stall#: _____

Are you renting this stall from another resident? YES NO *If so, who?* (NAME & UNIT) _____

Type of Vehicle: Automobile Motorcycle Bicycle Moped

Make (i.e. Ford, GMC): _____ Year/Model/Color: _____

License: _____ Permit Number: _____

Auto Insurance company name: _____

✓ Owner of the Vehicle: _____ Stall#: _____

Are you renting this stall from another resident? YES NO *If so, who?* (NAME & UNIT) _____

Type of Vehicle: Automobile Motorcycle Bicycle Moped

Make (i.e. Ford, GMC): _____ Year/Model/Color: _____

License: _____ Permit Number: _____

Auto Insurance company name: _____

✓ Owner of the Vehicle: _____ Stall#: _____

Are you renting this stall from another resident? YES NO *If so, who?* (NAME & UNIT) _____

Type of Vehicle: Automobile Motorcycle Bicycle Moped

Make (i.e. Ford, GMC): _____ Year/Model/Color: _____

License: _____ Permit Number: _____

Auto Insurance company name: _____

SECURITY INFORMATION

Is there any personal information that Security Officer's should be aware of in order to better protect you? We are aware that this is sensitive information and we will handle it accordingly.

Management is revising our Emergency Strategy. Emergency procedures for a residential property must take into account the resident profile. Because we would like to provide a ready response in the case of emergencies and disasters, management asks that you please complete the following form to the best of your ability. Feel free to contact management if you have any questions. The information below will be kept confidential, and will only be given to the Emergency Team during emergency situations to help minimize potential dangers.

✓ THE RESIDENT PROFILE

How many people reside in this unit? _____

Do any children reside in this unit? YES NO

If so, how many children reside in this unit? _____

If so, what are their names? _____

If so, are they alone during the day or evening? YES NO

If so, how can the parents be reached in case of emergency? _____

If so, do they have any food or drug allergies? _____

Are any residents 70 years old or older? YES NO

If so, how many? _____

If so, what are their names? _____

UNIT: _____

If so, are they alone during the day or evening?

YES

NO

If so, how can the emergency contact or care giver be reached in case of an emergency? _____

If so, do they have any food or drug allergies? _____

Do any disabled people reside in this unit?

YES

NO

If so, how many disabled people reside in this unit? _____

If so, what are their names? _____

If so, please describe the extent of this disability? _____

If so, do you have an assistive animal?

YES

NO

If so, how can the emergency contact or care giver be reached in case of an emergency? _____

If so, do they have any food or drug allergies? _____

Would you like to volunteer for the Safety Committee Emergency Team?

YES

NO

Volunteer Name: _____ Phone#: _____

Volunteer Name: _____ Phone#: _____

Volunteer Name: _____ Phone#: _____

Volunteer Name: _____ Phone#: _____



Memorandum

To: Owners, Rental Agents, and Renters
From: Jessica McAlpin, Association Manager
Subject: FOB & Unit Key Audit
Date: December 30, 2010

Aloha Owner,

We are auditing our key system. Please assist us in correcting any wrong information that relates to your unit. Those owners that have unit keys at the security desk, please double check that they work and remove those that are no longer open the unit.

I have the following FOB security keys listed under your unit. Please verify that owner name and key number is correct so that your keys are not deactivated.

How to find FOB key#:  **if you can't see your number please visit the manager's office

FOB Key #	Name	System Status	Correct (Y/N)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note that according to the House Rules, units are only allowed 4 keys each. If your unit exceeds this number, please consult management.

The following keys are stored at the Security Desk:

Security Keys Stored (y/n)	Amount of Keys	Status of Keys

Thank you so much for your help!

Sincerely,

Jessica McAlpin, Association Manager