

**DAFFODIL MEADOWS COMMUNITY ASSOCIATION INC
HOMEOWNER INFORMATION**

| OWNER/RESIDENT INFORMATION | | | | |
|--|------|-------------------|--|-------|
| Property Address: | | Unit# | Owner <input type="checkbox"/> Resident <input type="checkbox"/> | |
| Full Name: | | | | |
| Mailing Address: | | | | |
| Home Phone | | Business Phone: | | |
| Fax: | | Mobile Phone: | | |
| Pager: | | Other: | | |
| Email Address: | | | | |
| | | Drivers License # | State | |
| SPOUSE INFORMATION | | | | |
| | | Name: | | |
| Business Phone: | | Mobile Phone: | | |
| Pager: | | Fax: | | |
| Email Address: | | | | |
| | | Drivers License # | State | |
| CHILDREN/OTHER RESIDENTS | | | | |
| Children/Other Resident Names | | Date of Birth | Gender | |
| | | | | |
| | | | | |
| VEHICLES | | | | |
| License Tag | Year | Make | Model | Color |
| | | | | |
| | | | | |
| MORTGAGE INFORMATION | | | | |
| Name of Lien Holder: | | | | |
| Address of Lien Holder: | | | | |
| Loan Number: | | | | |
| EMERGENCY CONTACT | | | | |
| Full Name: | | Relationship: | | |
| Home Phone: | | Business Phone: | | |
| Pager: | | Mobile Phone: | | |
| <p style="font-size: small;">This information will be kept confidential. The purpose of the request is to maintain proper records, identify the residents entitled to use the facilities, and have emergency contact information. A Property owner shall notify the Association not later than the 30th day after the owner has noticed of a change in any information required by Subsection (e), and shall provide the information on requested by the Association from time to time.</p> | | | | |

Please fax this completed form to 281.882.8086
 Mail to: JDH Association Management Co.
 1776 Woodstead Court, #103, The Woodlands, Texas 77380
 Office: 281.296-7000