

**Victoria Gardens Homeowners Association, Inc. \*Owner Information & Access Control Authorization**

**Owner(s) & Spouse:** \_\_\_\_\_ **Access Pin#:** \_\_\_\_\_

**Other Occupants:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**\*Vehicle(s)\***

<u>Make/Model</u>	<u>Year</u>	<u>License Plate</u>	<u>State</u>	<u>Remotes</u>	<u>Access Cards</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

**Will this home be used as a rental? Yes No**

If yes, you the homeowner agree to abide by Article III, section 1, sub-paragraph (b) of the Covenants, Conditions, and Restrictions for the VP Community and "...provide property management a copy of the lease within 10 days of being signed." Please inform your tenants of registering at the Association office with a copy of their photo identification to receive the rules and restrictions for the use of the pool and fitness center as well as for the community.

**Initial** \_\_\_\_\_

**\*Permanent Guest List\***

Gate attendant will not call the residence when admitting these pre-approved guests. Please indicate, in the space provided, whether guest is personal or service related. Personal guests will have 24-hour access and pre-approved service guests are only granted free access Monday to Saturday 8 am to 4 pm.

**Guest Name**

**P or S**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**My signature below confirms I have received a lawn maintenance charter and gate access procedures and I authorize all Homeowners Association Meeting Notices be sent to me electronically.**

**Owner/Renter Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*For office use only\***

Settlement Statement:  Photo Id  Lease:  SPS Win/Access:  Gatehouse:  Deed:  BH:

Dear Victoria Gardens Resident,

As you know, Victoria Gardens is an age-restricted community. To insure compliance with the Fair Housing Act and amendments thereto, pursuant to Chapter 42 United States Code, and our own Declaration of Covenants, Conditions and Restrictions for the Qualifying Occupant of each home, as well as all Occupants of Victoria Gardens, please review and fill in the following information.

A **Qualifying Occupant** is at least 55 years of age, considers the residence to be his or her legal residence and actually resides in the residence for at least six months during every calendar year.

An **Occupant** is any person who stays in the residence for more than '21 days in any 60-day' period or 'for more than 30 days in any 12 month' period.

Please Print Clearly:

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

Address of Property: \_\_\_\_\_ DeLand, Florida 32724

Qualifying Occupant: \_\_\_\_\_  
(At least 55 years old, legal residence and actually resides in the residence for at least six months during every calendar year.)

**List all additional occupants:**

Occupant: \_\_\_\_\_

Occupant: \_\_\_\_\_

Occupant: \_\_\_\_\_

Occupant: \_\_\_\_\_

Please list additional Occupants on a separate sheet of paper.

Signature of Person

Completing Form \_\_\_\_\_ Date: \_\_\_\_\_