

INFORMATION UPDATE FORM



Please Return to:
The Case Bowen Company
c/o Unit Processing
6255 Corporate Center Dr
Dublin, OH 43016

Information required by Ohio Revised Code 5311.09(A)(2) and the Pickawillany Condominium Association

Unit Address:

Billing Address: (if not the same as above)

Please check and only fill out specified sections:

- OWNER OCCUPIED** (Sections: 1, 2, 3, 8)
- RENTAL: TENANT OCCUPIED** (Sections: 1, 2, 4, 5, 8)
- RENTAL: FAMILY OCCUPIED** (Sections: 1, 2, 4, 8)
- SECOND HOME:** (Sections: 1, 2, 3, 6, 8)
- OTHER:** please explain: _____ (Sections: 1, 2, 7, 8, others as apply)

Section 1: Owner Information

Primary Owner

| | | | |
|-----------|------------|------|--|
| LAST NAME | FIRST NAME | M.I. | AGE DEMOGRAPHIC (please check) <input type="checkbox"/> 34-Under <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 64+ <input type="checkbox"/> Decline |
|-----------|------------|------|--|

| | |
|----------------------|------------------|
| PLACE OF EMPLOYMENT: | PHONE: () |
|----------------------|------------------|

| | | |
|---|--------|--------|
| PRIMARY PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME | () | E-MAIL |
|---|--------|--------|

PLEASE CIRCLE Preferred method of contact: work/primary phone/e-mail

Secondary Owner/Spouse

| | | | |
|-----------|------------|------|--|
| LAST NAME | FIRST NAME | M.I. | AGE DEMOGRAPHIC (please check) <input type="checkbox"/> 34-Under <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 64+ <input type="checkbox"/> Decline |
|-----------|------------|------|--|

| | |
|----------------------|------------------|
| PLACE OF EMPLOYMENT: | PHONE: () |
|----------------------|------------------|

| | | |
|---|--------|--------|
| PRIMARY PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME | () | E-MAIL |
|---|--------|--------|

PLEASE CIRCLE Preferred method of contact: work/primary phone/e-mail

Section 2: Emergency Contact*

Emergency Contact

*** If owner cannot be reached please provide an alternate contact in the event of an emergency involving the unit.**

| | | | |
|-----------|------------|------|------------------|
| LAST NAME | FIRST NAME | M.I. | PHONE: () |
|-----------|------------|------|------------------|

RELATIONSHIP:

Section 3: Owner Occupied Information

Vehicle Information

| | | | |
|----------------------|------|-------|-------|
| License Plate Number | Make | Model | Color |
|----------------------|------|-------|-------|

| | | | |
|----------------------|------|-------|-------|
| License Plate Number | Make | Model | Color |
|----------------------|------|-------|-------|

Pet Information (Dogs & Cats only) – (see pg. 14 of Handbook)

| | | |
|-----------------|-----------------|---------------------------------------|
| Number of Dogs: | Number of Cats: | List type of pet(s) and their weight: |
|-----------------|-----------------|---------------------------------------|

Pool and/or Club House Information

Please list all residents who will use the facilities this year:

| |
|--|
| |
|--|

Section 4: Rental Information: Tenant* or Family* Occupied - (See FHA Guide pg. 24 of Handbook)

***Please circle: Tenant Occupied/Family Occupied**

| | |
|-------------------------------------|--------------------------|
| Primary Tenant/Family Member | If family, Relationship: |
|-------------------------------------|--------------------------|

| | | | |
|-----------|------------|------|--|
| LAST NAME | FIRST NAME | M.I. | AGE DEMOGRAPHIC (please check) <input type="checkbox"/> 34-Under <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 64+ <input type="checkbox"/> Decline |
|-----------|------------|------|--|

| | |
|----------------------|---------------|
| PLACE OF EMPLOYEMENT | PHONE: () |
|----------------------|---------------|

| | |
|--|--------------------------|
| Secondary/Spouse Tenant/Family Member | If family, Relationship: |
|--|--------------------------|

| | | | |
|-----------|------------|------|--|
| LAST NAME | FIRST NAME | M.I. | AGE DEMOGRAPHIC (please check) <input type="checkbox"/> 34-Under <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 64+ <input type="checkbox"/> Decline |
|-----------|------------|------|--|

| | |
|----------------------|---------------|
| PLACE OF EMPLOYEMENT | PHONE: () |
|----------------------|---------------|

Please list any other occupants:

Vehicles

| | | | |
|----------------------|------|-------|-------|
| License Plate Number | Make | Model | Color |
|----------------------|------|-------|-------|

| | | | |
|----------------------|------|-------|-------|
| License Plate Number | Make | Model | Color |
|----------------------|------|-------|-------|

Pet Information (Dogs & Cats only) – (See pg. 14 of Handbook)

| | | |
|-----------------|-----------------|---------------------------------------|
| Number of Dogs: | Number of Cats: | List type of pet(s) and their weight: |
|-----------------|-----------------|---------------------------------------|

Pool and/or Club House Information

Please list all residents who will use the facilities this year:

Section 5: Lease* Information

*Lease required for all tenant rentals. Excludes family rentals.

| | | |
|---------------------------------|----------------|-------------|
| Date lease signed: (MM/DD/YYYY) | Lease Expires: | Lease Type: |
|---------------------------------|----------------|-------------|

Section 6: Second Home Information

When do you occupy the unit?

Does anyone else occupy the unit while you are away? (If yes, please fill out section 4)

Section 7: Other Information

Please use the following space to explain your situation to help us better serve you:

Section 8: Signatures*

*All information provided is true to the best of my knowledge

| | |
|---------------------|-------|
| Signature of Owner: | Date: |
|---------------------|-------|

| | |
|---------------------|-------|
| Signature of Owner: | Date: |
|---------------------|-------|