

HOUSEHOLD PROFILE FORM (HHP FORM) – PLEASE PRINT

To update your contact information with the association, please use the form below or submit the Annual Civil Code 4041 Preferred Delivery form. Any questions, please contact management at (916) 746-0011.

ASSOCIATION NAME: _____ DATE: _____

PROPERTY ADDRESS: _____

PROPERTY OCCUPANCY STATUS: (Please indicate the current status of your property - Civil Code § 4041)

☐ Owner Occupied ☐ Renter Occupied ☐ 2nd Family Home ☐ Vacant ☐ Undeveloped Land

Note: If your home is rented, please submit the Tenant and Property Manager Form.

OWNER INFO: (Names of Owners Reflected on Title) _____

Additional Household Members: (Names only, if any) _____

Primary Mailing Address: (If Different from Above) _____

Primary Email Address: _____

By providing an email address above and signing this form, you give explicit written consent under Civil Code § 4040 to receive Association notices electronically at that address.

Primary Phone Number(s): _____

Secondary Mailing Address: _____

Secondary Email Address: _____ Phone Number(s): _____

Emergency Contact: _____ Phone Number: _____

LEGAL REPRESENTATIVE: Name, address, and email of any legal representative or person with power of attorney who may be contacted during the owner's extended absence from the property. If you have power of attorney, please attach a copy.

MEMBERSHIP LIST: Under Civil Code § 5220, an owner is permitted to request the Association's membership list. You may opt out of having your name, property address, email address, and mailing address shared with other members as part of that list by checking the box below.

☐ I would like to OPT OUT of having my information appear on the membership list.

VEHICLE INFO: (Please list all household vehicles. If additional space is needed, please provide on additional page)

Make/Model: _____ Year: _____ Color: _____ License #: _____

Make/Model: _____ Year: _____ Color: _____ License #: _____

Make/Model: _____ Year: _____ Color: _____ License #: _____

PETS INFO: (Please list all pets. Include Type/Breed/Weight) _____

By signing below, I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that any subsequent changes to this information must be submitted to Management.

OWNER SIGNATURE: _____ DATE: _____

SUBMIT COMPLETED FORM TO:

Landmark Limited | 1731 E. Roseville Pkwy., Suite 100, Roseville, CA 95661
Email: info@landmarklimited.net / Fax: (916) 746-0088