



SOCIETY PLACE CONDOMINIUM ASSOCIATION

TENANT REGISTRATION FORM

ASSOCIATION UNIT ADDRESS \_\_\_\_\_

UNIT OWNER(S):

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE# \_\_\_\_\_

TENANT(S):

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE# \_\_\_\_\_

LEASE START DATE \_\_\_\_\_ LEASE END DATE \_\_\_\_\_

AUTOMATIC RENEWAL YES \_\_\_\_\_ NO \_\_\_\_\_

**As the Landlord/Owner of the above referenced unit in the Society Place Condominium Association, I verify that the above information is correct, and I have provided a copy of all necessary Association Rules/Regulations/Restrictions to my tenant. As the Landlord/Owner I am responsible for the actions of my tenant and any guests or occupants of the unit. I have attached a copy of my written lease agreement as required by the Association's Rules and Regulations. I understand that a \$150 fee per submitted lease will be assessed per Leasing Resolution dated November 17, 2017.**

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Society Place Condominium Association  
C/O CAMCO  
501 W. Office Center Drive, Ste. 220  
Ft. Washington, Pa. 19034  
Email: [eslomine@camcomgmt.com](mailto:eslomine@camcomgmt.com)