



Gables Professional Management Co.

HOMEOWNER CONTACT INFORMATION SHEET

Date: _____

Acct: # _____

Name of Community: _____

Homeowner's name(s): _____

Property Address: _____

Mailing Address; (IF IT'S DIFFERENT) _____

City _____ State: _____ Zip Code: _____

Homeowner's Cell & Work numbers: _____

Homeowner's E-mail Address: _____

Contact Person's Name and phone# (If different from homeowner):

Name: _____

Cell: _____ Other PH#: _____

Tenant's name(s) if applicable: _____

Tenant's Contact Phone #: _____

*Mailing Preference: ☐ Email or ☐ USPS

Print name

Signature

PLEASE NOTE THAT IT IS VERY IMPORTANT THAT YOU SUBMIT THIS FORM BACK TO OUR OFFICE IN ORDER TO HAVE YOUR FILE AS UPDATED AND ACCURATE AS POSSIBLE.

THANK YOU FOR YOUR COOPERATION

3934 SW 8th STREET • SUITE 303 • CORAL GABLES, FLORIDA 33134 • PH (305) 441-0904 • FAX (305) 441-7982
Email: info@gablesprofessional.com

Gables Professional Management, Co.

3934 S.W. 8th Street Suite 303

Coral Gables, FL 33134

PH#: 305.441.0904 Fax#: 305.441.7982

MANDATORY HOMEOWNER OCCUPANCY FORM

I _____ purchasing at (Community Name) _____,
(Address) _____ confirm that the purpose of the purchase of
this unit is for:

- ☐ Permanent Residence
- ☐ Seasonal Residence
- ☐ Rental

If the unit is being rented, please answer the following;

Will the current tenants continue residing in the property? _____. If so, once closing takes place
new homeowners must provide an updated lease agreement to the management company and confirm
current tenants have been approved by the association.

If unit is not being rented, please provide current tenants move out date: _____

Comments: _____

_____.

If new tenants; Applicants must go through the application process and be approved prior to moving in.

Any questions and/or concerns, please contact Gables Professional Management at PH#: 305-441-0904.

Management