

**QUEEN'S LANDING ASSOCIATION  
RENTAL UNIT REGISTRATION FORM**

Please mail to: Queen's Landing Association  
500 Queen's Landing Drive  
Chester, Maryland 21619

UNIT # \_\_\_\_\_

COMPLETE ENTIRE FORM. IF ADDITIONAL SPACE IS NEEDED, PLEASE USE  
REVERSE SIDE OF FORM

<b>SECTION I – UNIT OWNER INFORMATION</b>
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1. Unit Owner(s):

Last Name	First Name	Daytime Phone	Evening Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Unit Owner's Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_

3. Unit Owner's Emergency Contact:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

4. Unit Owner's Insurance Contact:

Insurance Agency                      Agent Name                      Phone Number

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Insurance Carrier                      Policy Number                      Expiration Date

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5. Unit Owner's Realty Company: Is there a real estate company leasing and managing the unit on behalf of the owner? (\_\_\_\_) No (\_\_\_\_) Yes                      If yes, please complete below:

Real Estate Company Name:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Daytime Phone: \_\_\_\_\_

Agent's Evening Phone: \_\_\_\_\_

**SECTION II – TENANT/RESIDENT INFORMATION**

1. Tenant Information (Names listed on Lease Document):

Last Name                      First Name                      Daytime Phone                      Evening Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Tenant's E-Mail Address: \_\_\_\_\_

3. Resident Information (List all persons who will reside in Unit and date of birth for all minor children under 18 years of age):

Last Name                      First Name                      Daytime Phone                      Evening Phone

\_\_\_\_\_  
\_\_\_\_\_

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5. Employment Information

Employer: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Alternate Phone Number: \_\_\_\_\_

4. Motor Vehicles:

Make	Model	Year	State	Tag Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Renters Insurance Policy Information:

Insurance Agency	Insurance Carrier	Policy Number
_____	_____	_____

6. Emergency Contact:

Designated Contact Person Name: \_\_\_\_\_  
Relationship to Tenant: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone:- \_\_\_\_\_

**TENANT'S REPRESENTATIONS:**

By my/our signature(s) below, I/we affirm the following:

1. I/we acknowledge receipt of the Queen's Landing By-Laws and Rules and Regulations and agree to abide by them.

2. The information provided hereon is true and complete.

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**UNIT OWNER'S REPRESENTATIONS:**

By my/our signature(s) below, I/we affirm the following:

1. I/we represent that we have provided the tenants with the Queen's Landing Declaration, By-Laws and Rules and Regulations.

2. The information provided hereon is true and complete.

Unit Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_