

FALLS RUN COMMUNITY CENTER
Additional Household Member

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Information:

Name: _____ Telephone: _____ Relation: _____

Criteria for additional household members:

1. The homeowner hereby certifies that the additional household member is an age qualified occupant as defined in section 1.33 of the Declaration of Covenants, Conditions and Restrictions.
2. Any person 19 years of age or older occupying a Dwelling Unit with an age qualified resident.
3. Any person under 19 years of age is not a qualified resident and shall not be entitled to any rights or privileges granted to a Resident.
4. No person under 19 years of age shall stay overnight in any dwelling unit for more than ninety (90) days in a consecutive twelve (12) month period.

Additional Household Member's Signature

Date

Homeowner's Signature

Date

New Activity Card Number: _____