

# DESERT BLOOM HOMEOWNERS ASSOCIATION

## Resident Information Form

Please complete this form in its entirety and return to the address or email noted below. Thank you!

### Owner Information

Owner Name(s): \_\_\_\_\_

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

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

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing Zip: \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

Do you have an email address? YES  NO

If yes, please provide the email below so accounting, compliance, newsletters and emergency information can be sent via email and received by the homeowner in a timelier manner.

Email(s): \_\_\_\_\_

Unit is: Owner Occupied  Tenant Occupied  Family Member Occupied

**TENANT OCCUPIED PROPERTIES MUST HAVE A MINIMUM 30-DAY LEASE**

### Resident Information (if different than above)

Resident Name(s): \_\_\_\_\_

Other Occupant(s): \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

Email(s): \_\_\_\_\_

***Current Lease MUST be submitted with this form if tenant occupied and lease MUST remain up-to-date***

### Vehicle Information

Vehicle #1

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Lic Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle #2

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Lic Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle #3

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Lic Plate #: \_\_\_\_\_ State: \_\_\_\_\_



**EPIC**  
ASSOCIATION MANAGEMENT

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