

**Georgetown Homeowners Association Tenant Registration**  
**(Please complete both pages and return to P.O. Box 1192, Frankfort, IL 60423)**

Property/Address: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Household Information:** Complete the following information for each household member that will occupy the home at time of move-in:

NAME (Last, First, MI)	Relationship to the Head of Household	Gender (M/F)	Birth Date (mm,dd,yyyy)	Student (Y/N)

**Household Information (continued)**

1. Will anyone else live in the house on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?

**Yes/No**

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Do you expect the number of household members to change in the future?

**Yes/No**

If YES, please explain how many members will be added or reduced, and when that change will take place:

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3. Are any members of the household full-time students?

**Yes/No**

If YES, please identify

**All household members 18 and over must sign below:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_