

**HAWTHORNE PLACE CONDOMINIUM
NINE HAWTHORNE PLACE
BOSTON, MA 02114**

RESIDENT INFORMATION

Unit # _____	Date_____
Parking Space #_____	License Plate #_____
Access Card #_____	Access Card #_____

RESIDENT INFORMATION (print legibly)

LAST NAME	FIRST NAME	CHECK IF UNDER 18 YEARS OLD
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

CONTACT INFORMATION

Unit Telephone # _____	Work Telephone # _____
Cell Telephone # _____	Email Address _____
Emergency Contact Name _____	Telephone # _____

Are any Residents elderly or handicapped?

LEASE INFORMATION

Move-In Date _____	Move-Out Date _____
Unit Owner Name _____	Unit Owner Telephone # _____
Managing Agent Name _____	Managing Agent Telephone# _____

Resident/Tenant is subject to the governing documents of the Hawthorne Place Condominium Trust including all provisions in the Master Deed and Declaration of Trust. Resident/Tenant hereby agrees to abide by the Rules and Regulations of the Hawthorne Place Condominium and further confirms that a copy of the Resident Handbook has been provided by the Unit Owner and/or Rental Agent and is part of the lease agreement.

Signature _____	Date _____
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