

**Fountain Hills Unit Owners Association  
c/o Vision Community Management  
16625 S. Desert Foothills Pkwy, Phoenix, AZ 85048  
Office: (480) 759-4945 Fax: (480) 759-8683  
Email: TenantTracking@WeAreVision.com**

**TENANT TRACKING FORM**

Pursuant to Arizona state law §33-1806.01 / §33-1260.01 which went into effect on July 24, 2014, completion of this form is required if you rent out your home. Each time a new tenant moves into your home, a new form must be completed and a \$25.00 fee paid. If the form is not fully completed or not returned within 15 days from the initial mail date, a \$15.00 late fee will be charged.

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

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

When filling out this information, write N/A if the line is not applicable. If this home is no longer a rental, please check here and return the form to the address below:

**Name(s) of Adult(s) Tenants and Contact Information:**

- |          |              |              |
|----------|--------------|--------------|
| 1. _____ | Phone: _____ | Email: _____ |
| 2. _____ | Phone: _____ | Email: _____ |
| 3. _____ | Phone: _____ | Email: _____ |
| 4. _____ | Phone: _____ | Email: _____ |

**Lease Term:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  New Lease (\$25.00 Enclosed)  
 Previously Paid – Renewal

Check here if you would like violation letters to be sent to your tenant

**Vehicles:**

- |               |             |             |             |
|---------------|-------------|-------------|-------------|
| 1. Make _____ | Model _____ | Color _____ | Plate _____ |
| 2. Make _____ | Model _____ | Color _____ | Plate _____ |
| 3. Make _____ | Model _____ | Color _____ | Plate _____ |
| 4. Make _____ | Model _____ | Color _____ | Plate _____ |

**New Leases:** Return this completed form together with a check or money order in the amount of \$25.00 to the address below. If mailing more than 15 days after the lease start date, include the \$15.00 late fee for a total of \$40.00. Make checks payable to:

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