

**2025 ANNUAL HOMEOWNER INFORMATION AND SECURITY PROFILE**

P  
L  
E  
A  
S  
E  
  
P  
R  
I  
N  
T  
  
C  
L  
E  
A  
R  
L  
Y

**UNIT #:** \_\_\_\_\_ **OWNER(S):** \_\_\_\_\_

**TYPE OF OWNERSHIP** Check one:  Individual  Joint  Trust  Life Estate  Corporation  Other:  
(If a trust, list the trustees. If a corporation, list the officers. Include the mailing addresses for each person.)  
TRUST NAME \_\_\_\_\_  
TRUSTEE \_\_\_\_\_ ADDRESS \_\_\_\_\_

**MORTGAGE OR REVERSE MORTGAGE INFORMATION (Check one. If the first one is checked, complete the information.)**  
 Mortgage Lender: \_\_\_\_\_  
Address: \_\_\_\_\_  
 There is no mortgage or other lien on this unit.

**HOMEOWNER CONDO INSURANCE INFORMATION**

All Homeowners are required to show proof of active Condo Insurance. Please indicate here the policy period  
From: \_\_\_\_\_ to \_\_\_\_\_  
**Please send a copy of the Declaration page to Alexander Wolf Management**

**RESIDENTS AND CONTACT INFORMATION**

1. NAME \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_  
2. NAME \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_  
3. NAME \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_  
4. NAME \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (List a person who does not live in Sterling Woods.)**

NAME	RELATIONSHIP	PHONE (include area code)

**OUT OF TOWN - VACATION - "SNOWBIRD" CONTACT INFORMATION**

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

**RESIDENT VEHICLES – List ALL cars that you or a resident of your unit park at Sterling Woods Condominium**

Registered to resident #	License Plate #	Make	Model	Year	Color
1 2 3 4					
1 2 3 4					
1 2 3 4					
1 2 3 4					

**Please Date form** \_\_\_\_\_  
Date: \_\_\_\_\_

