

# Oak Hill of Spring Ridge Homeowners Association

Owner/Tenant/Non-Tenant Information Form (Rev 3/2026)

Please attach any separate sheets required to complete any section

## UNIT OWNER INFORMATION

Unit Owner Name(s) \_\_\_\_\_  
Unit Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

If the occupants are NOT tenants under a lease, but Residents who are not paying rent, please provide the following information:

Principal Occupant Contact Name \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Additional Occupants:  
Occupant Name \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Occupant Name \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Occupant Name \_\_\_\_\_ Occupant Name \_\_\_\_\_

**Beginning Date of Lease:** \_\_\_\_\_ **Ending Date of Lease:** \_\_\_\_\_

If occupants are tenants who are renting the Unit under a lease (a Tenant), please provide the following information:

Principal Tenant Contact Name \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Additional Tenants:  
Tenant Name \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Tenant Name \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Tenant Name \_\_\_\_\_ Tenant Name \_\_\_\_\_

In case of an emergency when neither Landlord, Principal Occupant nor Principal Tenant are available, please list one or more emergency contacts:

Name: \_\_\_\_\_ Cell# \_\_\_\_\_ Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Cell# \_\_\_\_\_ Email: \_\_\_\_\_  
(The emergency contact should have a key to your unit.)

## Pet Information (Do not include aquarium fish or caged birds)

Species \_\_\_\_\_ Color \_\_\_\_\_ Gender \_\_\_\_\_ Name \_\_\_\_\_  
Species \_\_\_\_\_ Color \_\_\_\_\_ Gender \_\_\_\_\_ Name \_\_\_\_\_

**The Unit Owner hereby acknowledges giving the Landlord, Principal Occupant and/or Principal Tenant a copy of the Declaration, Bylaws and Rules and Regulations of Oak Hill at Spring Ridge HOA prior to the Tenant executing the lease, or in the case of a non-rent paying occupant, prior to occupant beginning residence in the Unit. Unit Owner here by assumes responsibility for the action of all Unit occupant obligations arising under the Declaration, Bylaws and Rules and Regulations of Oak Hill at Spring Ridge HOA. Payment of fines imposed and compliance with same.**

Unit Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

I have received a copy of the Oak Hill at Spring Ridge HOA Declaration, Bylaws and Rules and Regulations and agree that all occupants of the unit shall abide by all of the rules and regulations.

Principal Occupant or Principal Tenant Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form and a copy of the lease to: [ekahn@danellearealty.com](mailto:ekahn@danellearealty.com)

Oak Hill at Spring Ridge HOA, PO Box 1017 Blue Bell, PA 19422 Fax 610-834-6204 Phone 610-834-6200

**Oak Hill at Spring Ridge - Vehicle Registration Form** (Rev 10/2023)

*It is easy to add/delete your own vehicles within the Member Area of the Oak Hill Website.*

[www.OakHillHOA.org](http://www.OakHillHOA.org) – Login to Member Area – “Update Your Vehicle Information” in the Quick Links section. *(If you have trouble logging in, click the “Forgot Password” link to Reset your Password)*

If for some reason, you cannot enter your vehicle information directly, fill out the following information for each vehicle that you park in the community. Mail to Danella Realty & Management Co, PO Box 1017, Blue Bell, PA 19422 or email [admin@oakhillhoa.org](mailto:admin@oakhillhoa.org). Print Carefully or Check box if already entered online.

**Vehicle #1**

Vehicle Year: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Color: \_\_\_\_\_

License #: \_\_\_\_\_

State of Vehicle Registration: \_\_\_\_\_

House #: \_\_\_\_\_ Does Residence have a 1 or 2 Car Garage? \_\_\_\_\_

**Vehicle #2**

Vehicle Year: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Color: \_\_\_\_\_

License #: \_\_\_\_\_

State of Vehicle Registration: \_\_\_\_\_

House #: \_\_\_\_\_ Does Residence have a 1 or 2 Car Garage? \_\_\_\_\_

**Vehicle #3**

Vehicle Year: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Color: \_\_\_\_\_

License #: \_\_\_\_\_

State of Vehicle Registration: \_\_\_\_\_

House #: \_\_\_\_\_ Does Residence have a 1 or 2 Car Garage? \_\_\_\_\_

**Submitted by:** \_\_\_\_\_