

**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 \_\_\_\_\_