

Condominium Trust Fact Sheet
Pursuant to M.G.L. 183A §4(4)

The information should be provided within 60 days of all changes in ownership or occupancy. This form should be completed by the Unit Owner(s) and should be kept current with each change of occupancy.

Please return completed form to: The Hampshire Property Management Group, Inc.
P.O. Box 686
Northampton, MA 01061
Fax – 413-582-9973
LNawrocki@HPMGnoho.com

Name of Condominium: \_\_\_\_\_

Date: \_\_\_\_\_ Unit address: \_\_\_\_\_

Owner Information

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

Date of purchase: \_\_\_\_\_

Owner's mailing address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day/Cell phone: \_\_\_\_\_

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

Emergency Contact

Please provide an alternative contact person in the event you cannot be reached during an emergency.

Contact name: \_\_\_\_\_ Contact cell/daytime phone: \_\_\_\_\_

Occupant Information

Owner Occupied? YES NO (please circle one)

Complete for all occupants:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Are there any pets in the unit? YES NO If yes, how many and what kind? \_\_\_\_\_

Vehicle Information – Complete for all vehicles that will be parked regularly on the premises.

Yr: \_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Yr: \_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

If you require more space for vehicles or occupant information, please enter that information here:

\_\_\_\_\_
\_\_\_\_\_