



## INFORMATION UPDATE FORM (IUF)

### Annual Information Update required by Ohio Revised Code 5311.09(A)(2) and the LAKES AT POLARIS CONDOMINIUM ASSOCIATION

**Unit Address:**

HAVE COMMUNITY HANDBOOK    HAVE POOL/GYM ACCESS CARD    HAVE 2 GUEST PARKING PERMITS

**Billing Address:**  SAME AS UNIT ADDRESS

Please check applicable area: All requested information and 's in specified sections is required to be completed. ONLY fill in sections that apply to your check(s) below:

- OWNER OCCUPIED** [Sections: 1, 2, 3 & 5]
- SECOND HOME** [Sections: 1, 2, 3, 4 & 5] - Renting/Subleasing is prohibited in Declaration/Bylaws (i.e. Vrbo, Airbnb, etc.)
- COMPANY OWNED – LEASED: TENANT OCCUPIED** [Sections: 1, 6, 7, 8, 9, 10, & 11] – Renting/Subleasing is prohibited.]
- LEASED: TENANT OCCUPIED** [Sections: 1, 2, 5, 6, 7 & 8] – Renting/Subleasing is prohibited in Declaration/Bylaws
- LEASED: FAMILY OCCUPIED** [Sections: 1, 2, 5, 6, 7 & 8] – Renting/Subleasing is prohibited in Declaration/Bylaws
- OTHER INFORMATION:** [Section(s): 12 and others as may apply] [i.e., In contract, For sale, etc.]

Explain:

^  **LEASE APPROVED AND ON FILE WITH MANAGEMENT COMPANY – (Required)**

**Section 1 – Unit Owner(s) Information:** (All Information Required)

**a) Primary Unit Owner** INCLUDE YOUR INFORMATION IF YOU OWN THE COMPANY THAT OWNS THE UNIT AND FILL IN THE SECTION 9 COMPANY INFO

LAST NAME	FIRST NAME	M.I.	AGE DEMOGRAPHIC (please check) <input type="checkbox"/> Under 34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Decline
PLACE OF EMPLOYMENT: (company name) OR <input type="checkbox"/> RETIRED <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> HOMEMAKER			NUMBER OF UNIT OCCUPANTS: [All Ages] <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
EMPLOYMENT ADDRESS: (Street, city, state, zip)			
PERSONAL PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME		#:	PERSONAL EMAIL: I AUTHORIZE USE FOR LAP COMMUNICATIONS: <input type="checkbox"/> <sup>Ⓢ</sup>

PLEASE CHECK [1 or more]: Preferred Method(s) of Contact:  Email    Home Address    Personal Phone    Work Address  
Ⓢ = Please provide a monitored email address for LAP communications to reduce costs and expedite communications.

**b) Secondary Unit**  Owner    Resident    None

LAST NAME	FIRST NAME	M.I.	AGE DEMOGRAPHIC (please check) <input type="checkbox"/> Under 34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Decline
PLACE OF EMPLOYMENT: (company name) OR <input type="checkbox"/> RETIRED <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> HOMEMAKER			EMPLOYMENT MAIN OFFICE PHONE:
EMPLOYMENT ADDRESS: (Street, city, state, zip)			
PERSONAL PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> HOME		#:	PERSONAL EMAIL: I AUTHORIZE USE FOR LAP COMMUNICATIONS: <input type="checkbox"/>



PLEASE CHECK: [1 or more] Preferred Method(s) of Contact:  Email  Home Address  Personal Phone  Work Address

**Section 2: Emergency Contact**<sup>②</sup> (can be second owner/spouse/friend/etc.) (Required)

②If primary owner cannot be reached, provide an alternate contact in the event of an **emergency** involving the Unit.

LAST NAME	FIRST NAME	M.I.	PHONE:
RELATIONSHIP:			

**Section 3: Owner Occupied Unit - Additional Information** (All Information Required)

**a) Vehicle(s) Information:** Note, if a vehicle changes during the year be sure to notify the Management Company

Vehicle 1	License Plate Number:	MAKE:	MODEL:	COLOR:	YEAR:
Vehicle 2	License Plate Number:	MAKE:	MODEL:	COLOR:	YEAR:
Vehicle 3	License Plate Number:	MAKE:	MODEL:	COLOR:	YEAR:
Vehicle 4	License Plate Number:	MAKE:	MODEL:	COLOR:	YEAR:

**b) Pet Information:**  None - Dog, Cat, Fish (tank size), Other (see restrictions) **2 dogs maximum, 4 animals' maximum**

<b>Number of Dogs:</b> <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two Weight of Dog 1: Weight of Dog 2:	<b>Number of Cats:</b> <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	<b>Fish Tank:</b> <input type="checkbox"/> None or Gallons/Liters:	Other Pet(s) [Be specific and number] <input type="checkbox"/> None
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**c) Pool and Gym Usage Information for Owners:**  No Users ③ = under 21

Number of Occupants expected to use the **Pool** facility: **Adults:**                      **non-adults**<sup>③</sup>:

Number of Occupants expected to use the **Gym** facility: **Adults:**                      **non-adults**<sup>③</sup>:

**Section 4: Second Home Information** [Renting/Subleasing is prohibited in Declaration/Bylaws (i.e. Vrbo, Airbnb, etc.)]

When do you occupy the Unit?  RANDOM TIMES  SUMMER MONTHS  WINTER MONTHS  OTHER TIMES

**Required Unit Temperature set at 80 degrees F, May through October and 55 degrees F, November through April when NOT occupied.**

**Section 5: Signatures**<sup>⑤</sup> (Required)

**⑤I/we have completed all required sections and I/we certify the information provided is true to the best of my/our knowledge as required by State Law.**

⑤SIGNATURE OF PRIMARY OWNER:	DATE:
⑤SIGNATURE OF SECONDARY OWNER:	DATE:

**Section 6: Leased Unit Information** (All Information Required)

Tenant(s) have been notified they are prohibited from contacting the Management Company or Association – Except for **Emergency**

**3<sup>rd</sup> Party** Tenant Lease Occupied [12-to-36-month lease required]  **Family** Tenant Lease Occupied [12-to-36-month lease required]

**a) Primary Tenant Signee**  PROVIDED HANDBOOK  PROVIDED POOL/GYM ACCESS CARD  PROVIDED 2 GUEST PARKING PERMITS

(Required) LAST NAME	FIRST NAME	M.I.	AGE DEMOGRAPHIC (please check) (Required) <input type="checkbox"/> under 34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Decline
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			CREDIT SCORE: <input type="checkbox"/> >700 <input type="checkbox"/> >750 <input type="checkbox"/> >800 for lease		
(Required) PLACE OF EMPLOYMENT (company name) <b>OR</b> <input type="checkbox"/> RETIRED <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> HOMEMAKER  EMPLOYMENT ADDRESS: (Street, city, state, zip)			NUMBER OF UNIT OCCUPANTS: [All Ages] (Required) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
			EMPLOYMENT MAIN OFFICE PHONE: (Required)		
PERSONAL PHONE: <input type="checkbox"/> CELL (Required) <input type="checkbox"/> CONDO	FOR <b>EMERGENCY</b> USE ONLY (Required) #:	PERSONAL EMAIL: (optional)			
<b>b) Second Tenant Signee</b> <input type="checkbox"/> None - NO MORE THAN TWO TENANT SIGNED IN A 2 BEDROOM					
(Required) LAST NAME FIRST NAME M.I.			AGE DEMOGRAPHIC (please check) (Required) <input type="checkbox"/> under 34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Decline CREDIT SCORE: <input type="checkbox"/> >700 <input type="checkbox"/> >750 <input type="checkbox"/> >800 for lease		
			PLACE OF EMPLOYMENT: (company name) <b>OR</b> <input type="checkbox"/> RETIRED <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> HOMEMAKER  EMPLOYMENT ADDRESS: (Street, city, state, zip)		
PERSONAL PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> CONDO	#:	PERSONAL EMAIL: (optional)			
<b>c) Third Tenant Signee</b> <input type="checkbox"/> None - NO MORE THAN 3 TENANT SIGNED IN A THREE BEDROOM					
(Required) LAST NAME FIRST NAME M.I.			AGE DEMOGRAPHIC (please check) (Required) <input type="checkbox"/> under 34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Decline CREDIT SCORE: <input type="checkbox"/> >700 <input type="checkbox"/> >750 <input type="checkbox"/> >800 for lease		
			PLACE OF EMPLOYMENT: (company name) <b>OR</b> <input type="checkbox"/> RETIRED <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> HOMEMAKER  EMPLOYMENT ADDRESS: (Street, city, state, zip)		
PERSONAL PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> CONDO	#:	PERSONAL EMAIL: (optional)			
<b>Section 7: Tenant Occupied Unit - Additional Information</b> (All Information Required)					
<b>a) Vehicle(s) Information:</b> Note, if a vehicle changes during the year be sure to notify the Management Company					
Vehicle 1	License Plate Number:	MAKE:	MODEL:	COLOR:	YEAR:
Vehicle 2	License Plate Number:	MAKE:	MODEL:	COLOR:	YEAR:
Vehicle 3	License Plate Number:	MAKE:	MODEL:	COLOR:	YEAR:
Vehicle 4	License Plate Number:	MAKE:	MODEL:	COLOR:	YEAR:
<b>b) Pet Information:</b> <input type="checkbox"/> None - Dog, Cat, Fish (tank size), Other (see restrictions) 2 dogs maximum, 4 total animals' max					
Number of Dogs: <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two Weight of Dog 1: Weight of Dog 2:		Number of Cats: <input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four		Fish Tank: <input type="checkbox"/> None or Gallons/Liters:	Other Pet(s) [Be specific and number] <input type="checkbox"/> None
<b>c) Pool and Gym Usage Information for Tenants</b> <input type="checkbox"/> No Users <span style="float: right;">③ = under 21</span>					



Number of Occupants expected to use the <b>Pool</b> facility: <b>Adults:</b> _____ <b>non-adults</b> <sup>③</sup> : _____			
Number of Occupants expected to use the <b>Gym</b> facility: <b>Adults:</b> _____ <b>non-adults</b> <sup>③</sup> : _____			
<b>Section 8: Lease* Information</b> (All Information Required) <input type="checkbox"/> MONTHLY LEASE RATE AT MARKET LEVELS AS REQUIRED			
*Lease Required for any Tenants – 3 <sup>rd</sup> party or family per governing documents			
Date Lease signed [mm/dd/yyyy]	Lease Expires: [mm/dd/yyyy]	Lease Type: <input type="checkbox"/> 1-year <input type="checkbox"/> 2-year <input type="checkbox"/> 3-year	Monthly Lease Rate: \$ _____
<b>Section 9: Company Owned Unit</b> (All information required)			
<b>Company Information</b> (Required) <input type="checkbox"/> LLC <input type="checkbox"/> INC <input type="checkbox"/> CO <input type="checkbox"/> CORP <input type="checkbox"/> LTD <input type="checkbox"/> S-CORP <input type="checkbox"/> C-CORP <input type="checkbox"/> Other			
COMPANY NAME:			AGE OF BUSINESS YEARS: <input type="checkbox"/> Under 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+
COMPANY ADDRESS: [Street, City, State, Zip, + Main Phone]			BBB RATING: <input type="checkbox"/> B <input type="checkbox"/> B+ <input type="checkbox"/> A <input type="checkbox"/> A+ <input type="checkbox"/> Not Rated CREDIT RATING: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
CONTACT PERSON [All Correspondence]:  TITLE:	CONTACT PERSON EMAIL:	CONTACT PERSON PHONE:	
<b>Section 10: Emergency Contact</b> (Required)			
LAST NAME	FIRST NAME	EMERGENCY PHONE: <input type="checkbox"/> 24/7/365	
COMPANY FUNCTIONAL POSITION:			
<b>Section 11: Signature</b> <sup>④</sup> (Required)			
④ I have completed all required sections and I certify the information provided is true to the best of my knowledge as required by State Law.			
④ SIGNATURE OF COMPANY PRINCIPLE:			DATE:
			TITLE:
<b>Section 12: Other Information</b> Please use the following space to explain your situation to help us better serve you:			

**To make it as easy as possible to fill out and submit annually there are now multiple options:**

- Examples of each category of form available on [www.lakesatpolaris.com](http://www.lakesatpolaris.com) website.
- Checkboxes added to minimize written information.
- Clearly defined, color coded, grouped sections with notes and reminders.
- **Easiest to fill out:** use the on-line PDF “fill in form” to enter information, save a copy, and click ‘send’.
- Copy the IUF form in the Handbook, fill out and mail to our Management Company postal address.
- Use the IUF word document on-line. fill out and email to the Management Company email.
- Print the IUF from the Website, fill out, and mail to the Management Company postal address.
- Fill out the hardcopy IUF form mailed to you and return in the preprinted return envelope.
- If sending by email, you may wish to request “a received/read” notification from recipient.
- Store a filled-out copy without signature(s) of your IUF digitally or in your Handbook for future use. If there are no changes just copy, sign and re-send the same document each year, with an updated signature and date, no need to re-do.