

**FALLS RUN COMMUNITY CENTER**  
**Additional Household Member**

Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact Information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Criteria for additional household members:

1. The homeowner hereby certifies that the additional household member is an age qualified occupant as defined in section 1.33 of the Declaration of Covenants, Conditions and Restrictions.
2. Any person 19 years of age or older occupying a Dwelling Unit with an age qualified resident.
3. Any person under 19 years of age is not a qualified resident and shall not be entitled to any rights or privileges granted to a Resident.
4. No person under 19 years of age shall stay overnight in any dwelling unit for more than ninety (90) days in a consecutive twelve (12) month period.

\_\_\_\_\_  
Additional Household Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Date

New Activity Card Number: \_\_\_\_\_