



# NIGUEL SHORES COMMUNITY ASSOCIATION OWNER INFORMATION DECLARATION

**“MEMBER/OWNER”:** *Individual(s) listed on the property deed/ title  
A copy of the recorded/notarized deed reflecting trust ownership must be submitted for properties held in trust.*

**“HOUSEHOLD MEMBER”:** *Any individual residing on the property full-time but is not listed on the property deed/title*

**FOR OFFICE USE ONLY:**

DATE: \_\_\_\_\_ TRACT / LOT: \_\_\_\_\_ / \_\_\_\_\_

MEMBER/OWNER: \_\_\_\_\_

TRUSTEES if applicable: \_\_\_\_\_

NCSA ADDRESS: \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_ - \_\_\_\_\_ ALT. PHONE: (    ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

- I PREFER TO RECEIVE ASSOCIATION CORRESPONDANCE VIA EMAIL (email address above)
- RESIDENT OWNERS RESIDING IN NIGUEL SHORES FULL-TIME
- NON-RESIDENT OWNERS NOT RESIDING IN NIGUEL SHORES FULL-TIME
- I DO / WILL RENT MY NSCA PROPERTY
- I DO NOT / WILL NOT RENT MY NSCA PROPERTY

MAILING/ALTERNATE ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ - \_\_\_\_\_ (    ) \_\_\_\_\_ - \_\_\_\_\_

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**ALTERNATIVE CONTACT INFORMATION:** *Any person who can be contacted in the event of the owner’s absence  
(Power or Attorney, legal representation, family member, etc.)*

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ - \_\_\_\_\_ (    ) \_\_\_\_\_ - \_\_\_\_\_

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**HOUSEHOLD MEMBER:** *Only individuals residing full-time on the property will be acknowledged as residents*

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MARINER GATE CALL IN CODE:  
*(Must be at least 6 characters with either numbers or letters or a combination):* \_\_\_\_\_

