



Shadowwood Condominium Association
11639 Stoneview Square
Reston, VA 20191-2952

703-620-5444 / voice
703-620-4233 / fax
office@shadowwoodcondos.com

2018—UNIT OWNER STATUS REPORT (UOSR)

It is required that this document be completed and signed by the recognized Unit Owner(s) ONLY.

Unless otherwise noted, ALL information, including identification, is required!

Any reports lacking required information shall be deemed incomplete and unfiled.

(1) UNIT OWNER INFORMATION:

Unit Address: _____

1st Owner Name _____

2nd Owner Name _____

Mailing Address _____

Phone Numbers:

1st Owner Home: _____ Work: _____ Cell: _____

2nd Owner Home: _____ Work: _____ Cell: _____

1st Owner E-mail _____

2nd Owner E-mail _____

(2) MORTGAGE(S) INFORMATION (required by covenant):

Mortgage Lender A

Name / Firm _____

Mailing Address _____

(3) PROPERTY MANAGEMENT DESIGNATION (PMD) / CORPORATE RESOLUTION

PMD forms and their accompanying corporate resolutions designate an individual and optionally a company to act as the Unit Owner's legal agent before the Association.

Name / Firm _____

Date of Execution

Mailing Address _____

E-mail Address

Phone Number

- (4) **LEASED (Rented) UNITS (Complete only if unit is being leased)** Yes or No
- a) Is a current, valid, executed lease on file with eh Association _____
- b) Effective date of lease: _____ Expiration date of lease: _____
- c) Is executed, date Exhibited "A" on file with the Association? _____
- d) Has your tenant provided proof of liability insurance of not less than \$300,000? _____
- Expiration date of Insurance: _____

(5) **UNIT OCCUPANCY**

Identify all your occupants in the table below, including the Tenant(s) and/or entity whom contribute to your monthly condominium payment(s). The Association reserves the right to enforce the law, rules and regulations authorized under the governing documents and to communicate via mail, phone, and E-mail with all parties as deemed necessary to administer association-related business.

Name / Entity	Age	Contact Phone #	E-Mail Address

(6) **SIGNATURES**

I attest and certify that I am the recognized owner of the Shadowood Unit designated on this form (according to the Virginia Horizontal Property and Condominium Acts and Shadowood Condominium Association Governing Documents) or that I am the lawfully designated Property Manager and that a valid PMD form and corporate resolution have been filed with the Association. I further certify and attest that the information contained on this UOSR is complete and accurate, that I have filed all required documents with the Association and acknowledge that I am a member of the Shadowood Condominium Association in Good Standing as set forth in the Association's Governing Documents.

Any inaccurate or misrepresented information will be a material violation of the Shadowood Condominium Association Governing Documents and shall subject the Unit Owner to administrative proceedings before the Association and/or to all legal and equitable remedies as may be available.

Date _____

_____ 1st Unit Owner's Name (Printed) _____ 2nd Unit Owner's Name (Printed)

_____ 1st Owner's Signature _____ 2nd Owner's Signature

_____ Property Manager's Name (Printed), If Applicable _____

_____ Property Manager's Signature _____