



# Lake Heritage

PROPERTY OWNER'S ASSOCIATION

1000 Heritage Drive, Gettysburg, PA 17325

Phone (717) 334-7242 admin@lakeheritage.org

## APPLICATION TO BE BILLED AS A FAMILY UNIT

**NAMES:** \_\_\_\_\_  
*(exactly as it appears on the deed)*

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

**LOT(S):** \_\_\_\_\_ **FISCAL YEAR:** \_\_\_\_\_

This Application is a voluntary statement and is not a mandatory requirement for LHPOA membership. Completion of this Application is solely for the purpose of our consideration for "family unit" dues billing.

List the name and relationship to you of all other persons residing in your household:

a) Directly related by blood or marriage. State nature of the relationship.  
\_\_\_\_\_

b) Two deeded adults living together in a conjugal relationship.  
\_\_\_\_\_

We hereby swear and affirm that the above information is true and correct to the best of our knowledge. We understand that presentation of false information herein will result in each of us being billed one full membership dues and a loss of the use of LHPOA facilities and privileges for a period of time to be determined by the Board of Directors. We further understand that once a Single Family Unit is approved it will remain in effect until the status changes.

\_\_\_\_\_  
Signature Signature

State of \_\_\_\_\_ County of \_\_\_\_\_

On this, the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ before me,  
\_\_\_\_\_ the undersigned officer, personally  
appeared \_\_\_\_\_, known to me (or satisfactorily  
proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and  
acknowledged that \_\_\_he\_\_\_ executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Signature Notary Public  
Title of Officer