



Declaration of Candidacy & Disclosure (Updated July 2026)

TWIN LAKES OWNERS' ASSOCIATION

APMS - P.O. Box 2182, Harrisonburg, VA 22801 | Phone: (540) 423-3879

DECLARATION OF CANDIDACY AND DISCLOSURE FORM

Filing Deadline: This Declaration must be filed with the Secretary of the Board **before 12:00 PM (Noon) on August 1**, for election at the Annual Membership Meeting. (For mid-term vacancy appointments, submit prior to the scheduled Board vote.)

1. Candidate Information

- **Full Name:** _____
- **Twin Lakes Property Address:** _____

- **Mailing Address (if different):** _____

- **Phone Number:** _____ **Email:** _____

2. Statutory Eligibility Verification (Bylaws Art. II, Sec. 9)

- ☐ I am at least 18 years of age.
- ☐ I have **not** been convicted of a felony.

3. Real Estate & Business Conflict Disclosure (Bylaws Art. II, Sec. 10a)

Please check one statement:

- ☐ **I AM NOT** engaged in, the owner of, or employed as an agent, officer, or employee of a person, corporation, partnership, or firm engaged in the business of home construction or buying and selling real estate in Twin Lakes.
- ☐ **I AM** engaged in, the owner of, or employed as an agent, officer, or employee of a person, corporation, partnership, or firm engaged in the business of home construction or buying and selling real estate in Twin Lakes.

- *If checked "I AM", please briefly describe:*

4. Biographical Statement (Optional - Bylaws Art. II, Sec. 10c)

(Briefly describe your background, qualifications, and goals for the community. Statements submitted by August 1 will be included in the pre-election community newsletter.)

5. Candidate Signature & 2 Witness Verification (Bylaws Art. II, Sec. 10a)

I hereby declare my candidacy for election/appointment to the Twin Lakes Owners' Association Board of Directors and affirm that the information provided above is true and accurate.

Candidate Signature: _____ **Date:** _____

Witness 1 (TLOA Member in Good Standing):

Print Name: _____

Signature: _____ Date: _____

Witness 2 (TLOA Member in Good Standing):

Print Name: _____

Signature: _____ Date: _____

FOR OFFICIAL BOARD USE ONLY

Date & Time Received: _____

Received By: _____

Verified Qualified Member / Good Standing Status: [] Yes [] No

Certification Date: _____ Secretary Signature: _____