## Resident Information Form

Owner Name:

Address:

Alternate Address (if applicable):

City: State: Zip:

Email address:

If using an alternate address, is this still a residence that you reside in either full or part time?

If no, then who is residing in the unit?

Phone: (h) (w) (c)

Email address:

Emergency Contact: Relationship:

Phone: (h) (w) \_ (c)

**Tenant Information**

(If you are a tenant/leasing your unit)

Resident Name(s):

Phone: (h) (w) (c)

Email address:

**(Please be sure to forward a copy of the lease to The Select Group, Inc.)**

If you retain the services of a leasing agent, please list the name, address and phone number of the agent:

**\*The information on this form is for office use only and will be held in strictest confidence.**