**RESIDENT INFORMATION FORM**

Owner Name

Address

Alternate Address (if applicable)

City State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:

Phone: Home: Work: Cell:

Email address:

Emergency Contact: Relationship:

Phone: Home: Work: Cell:

**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 home?

Is this person a relative? \_\_\_\_\_\_\_\_ If so what relation are they to you?

Phone: Home: Work: Cell:

Email address:

**TENANT INFORMATION**

**(IF YOU ARE LEASING YOUR HOME)**

Resident Name(s):

Phone: Home: Work: Cell:

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:**

**Please forward the completed form to: Mariners Pointe Homeowners Association at the address, fax number or email address as provided at thebottom of this form.**