



HOMEOWNERS ASSOCIATION, INC.

(757) 486-6000 Office (757) 486-6988 Fax or visit us at www.theselectgroup.us

Resident Information Form

Owner Name: _____

Unit Address: _____

Alternate Mailing Address (if applicable): _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____ (c) _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Phone: (h) _____ (w) _____ (c) _____

Tenant Information (If you are leasing your unit)

Resident Name(s): _____

Phone: (h) _____ (w) _____ (c) _____

Current dates of lease (ex: July 9, 2012 through July 8, 2013) _____

Email Address: _____

(Please make sure to forward a copy of the lease to The Select Group)

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

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