



c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Virginia Beach, VA 23454
(757) 486-6000 Office (757) 486-6988 Fax
or visit us at www.theselectgroup.us

Resident Information Form

Owner Name: _____

Address: _____

Alternate Address (if applicable): _____

City: _____ State: _____ Zip: _____

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

If not, then who is residing in unit? _____

Is this person a relative? _____ If so, what relation are they to you? _____

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

Email Address: _____

Emergency Contact: _____ Relationship: _____

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

Tenant Information (If you are leasing your unit)

Tenant Name: _____

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

Email Address: _____

(If you haven't already, please be 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, phone number and email address of the agent:
