CHURCH POINT HOMEOWNERS ASSOCIATION, INC.

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454 Office: (757) 486-6000 Fax: (757) 486-6988 Email: select@theselectgroup.us Website: www.theselectgroup.us

Resident Information Form

Owner Name:		
Address:		
Alternate Address (if applicable)	:	
City:	State:	Zip:
If using an alternate address, is t	his still a residence that you	reside in either full or part time?
If no, then who is residing in the	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 Inform (If you are leasing yo	our unit)
Resident Name(s):		
Phone: (h)	(c)	(w)
Email Address:		
(Please be sure t	o forward a copy of the le	ase to The Select Group, Inc.)
If you retain the services of a	leasing agent, please list the	e name, address, and phone number of agent:

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

Return completed form to the address or fax number provided above, or by email to the management team listed on our website.