



Resident Information Form

Owner Name: _____

Unit Address: _____

Mailing 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 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 to You: _____

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

**TENANT INFORMATION
(If you are leasing your unit)**

Resident Name(s): _____

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

Email: _____

Lease Start Date _____ Lease End Date _____

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