

## THE COMMONS CONDOMINIUM ASSOCIATION, Inc.

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## **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 y                | you reside in either full or part time?       |
| If no, then who is residing in the  | e 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)                                           |
|                                     | <u>Tenant Inform</u><br>(If you are leasing |                                               |
| Resident Name(s):                   |                                             |                                               |
| Phone: (h)                          | (w)                                         | (c)                                           |
| Email address:(Please be sure t     | to forward a copy of the                    | e lease to The Select Group, Inc.)            |
| If you retain the services of a lea | asing agent, please list the                | e name, address, and phone number:            |
| *All information on this for        | rm is for office use only                   | and will be held in the strictest confidence* |

Return completed form to: theselectgroup.us