

c/o The Select Group, Inc., 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 in Community			
Alternate Address (if applicable): _			
City:		State:	Zip:
If using an alternate address, is this	still a residence	e that you reside i	n either full or part time?
If no, then who is residing in the ur	nit?		
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>T</u>	enant Inf	<u>ormation</u>	
(If you are leasing your unit)			
Resident Name(s):			
Phone: (h)	(w)		(c)
Email address: (Please be sure to for	rward a copy of t	he lease to The Selec	t Group, Inc.)
If you retain the services of a leasing the agent:	ng agent, please	e list the name, add	lress and phone number of

^{*}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.