



HOMEOWNERS ASSOCIATION, INC.

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
(757) 486-6000 fax: (757) 486-6988 email: select@theselectgroup.us

RESIDENT INFORMATION FORM

Owner Name _____

Address _____

Alternate Address (if applicable) _____

City _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

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 home? _____

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

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

TENANT INFORMATION (IF YOU ARE LEASING YOUR HOME)

Resident Name(s): _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

(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: _____

Please forward the completed form to: Mariners Pointe Homeowners Association at the address, fax number or email address as provided at the bottom of this form.