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## OWNER INFORMATION FORM

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

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 \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Resident Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

(Please be sure to forward a copy of the lease to The Select Group, Inc.)

Leasing Agent (if applicable): \_\_\_\_\_

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

**Please return completed form to The Select Group at the address or fax number provided below or email to [nruffin@theselectgroup.us](mailto:nruffin@theselectgroup.us)**