



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): _____

***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 abell@theselectgroup.us

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