



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 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? \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

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

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**Tenant Information**  
**(If you are leasing your unit)**

Resident Name(s): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

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

**Return completed form to The Select Group at the address or fax number provided above  
or email to [acosby@theselectgroup.us](mailto:acosby@theselectgroup.us)**

**c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454  
(757) 486-6000 fax: (757) 486-6988 email: [itorres@theselectgroup.us](mailto:itorres@theselectgroup.us) or [www.theselectgroup.us](http://www.theselectgroup.us)**