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

Resident Information Form

| tate: | Zip: |
|--|---|
| residence that you resid | le in either full or part time? |
| | |
| f so, what relation are th | ney to you? |
| w) | (c) |
| | |
| | Relationship: |
| w) | (c) |
| Γenant Information you are leasing your u | nit) |
| | |
| w) | (c) |
| | The Select Group, Inc.) |
| t, please list the name, a | address, and phone number of the agent: |
| | residence that you residence that you residence that you residence for so, what relation are the word of the lease to the |

All information is held in strictest confidence and utilized for emergencies and Association business only.

Return completed form to The Select Group via the address or fax number provided above or by email to jstrickland@theselectgroup.us