



HOMEOWNERS ASSOCIATION, INC.

OWNER 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 return completed form to The Select Group at the address or fax number below or email it 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: jlusk@theselectgroup.us or visit us at www.theselectgroup.us