



# Oak Lake Estates

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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, 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, include a copy of current lease)**

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

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

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

Lease Dates: \_\_\_\_\_

**(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:** \_\_\_\_\_

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**\*The information in 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 below  
or email it to [mmichaud@theselectgroup.us](mailto:mmichaud@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: [mmichaud@theselectgroup.us](mailto:mmichaud@theselectgroup.us) website: [www.theselectgroup.us](http://www.theselectgroup.us)