



**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 Form**  
**(If you are leasing your unit)**

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

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

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

If you retain the services of a leasing agent, please list the name, address and phone number:

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

**\*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 above or email to [afleetwood@theselectgroup.us](mailto:afleetwood@theselectgroup.us)**