



CONDOMINIUM ASSOCIATION

RESIDENT INFORMATION FORM

Owner Name: _____

Address: _____

Alternate Address (if applicable): _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____ (c) _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: (h) _____ (w) _____ (c) _____

If using an alternate address, is this 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? _____

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

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 below
or email to abell@theselectgroup.us**