



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

RESIDENT INFORMATION FORM

Owner Name: _____

Address: _____

Alternate Mailing Address (if applicable): _____

City: _____ State: _____ Zip: _____

Email address: _____

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? _____

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

Email address: _____

Emergency Contact: _____ Relationship: _____

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

Tenant Information

(If you have a tenant/leasing your unit)

Resident Name(s): _____

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

Email address: _____

Lease Start Date: _____ Lease End Date: _____

(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 above or
email to malcala@theselectgroup.us**