



COMMUNITY ASSOCIATION, INC.

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 home? _____

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)

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 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, fax number or email below.