



COMMUNITY ASSOCIATION, INC.

TENANT INFORMATION FORM

Tenant Name: _____

Address: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

Names of all Persons Residing in the Unit: _____

Lease Start Date: _____ Lease End Date: _____

Emergency Contact Information

Emergency Contact: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Owner/Agent Information

Owner/Agent Name: _____

Address: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

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 afleetwood@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: rphippins@theselectgroup.us or visit us at www.theselectgroup.us