The Villages Homeowners Association, Inc.

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 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
(If you are leasing your unit)

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 provided above or email to: afleetwood@theselectgroup.us