



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 or fax number below
or email to rphippins@theselectgroup.us**

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454
(757) 486-6000 fax: (757) 486-6988 email: rphippins@theselectgroup.us or visit us at www.theselectgroup.us