



OWNER 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: Home: _____ Work: _____ Cell: _____

Email address: _____

Emergency Contact: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

**TENANT INFORMATION IF YOU ARE LEASING YOUR UNIT
(Please be sure to forward a copy of the lease to The Select Group, Inc.)**

Resident Name(s): _____

Phone: Home: _____ Work: _____ Cell: _____

Email address: _____

If you retain the services of a leasing agent, please list the name, address and phone number:

Do you have a current set of Documents and Bylaws containing the Rules & Regulations of the Association? Yes No

If leasing your unit, are your tenants familiar with these Documents and Bylaws? Yes No

***The information in 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 below or email to malcala@theselectgroup.us