



421 WEST BUTE STREET, NORFOLK, VA 23510

### 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: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### TENANT INFORMATION (IF YOU ARE LEASING YOUR UNIT)

Resident Name(s): \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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

**\*The information on this form is for office use only and will be held in strictest confidence.**

**Return completed form to The Select Group via the address or fax number below  
or email to [acosby@theselectgroup.us](mailto:acosby@theselectgroup.us)**

c/o The Select Group, Inc. • 2224 Virginia Beach Blvd. • Suite 201 • Virginia Beach, Virginia 23454  
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